The correct age

PLEASE WRITE FLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

NIARGIN RESERVED FOR BINDING

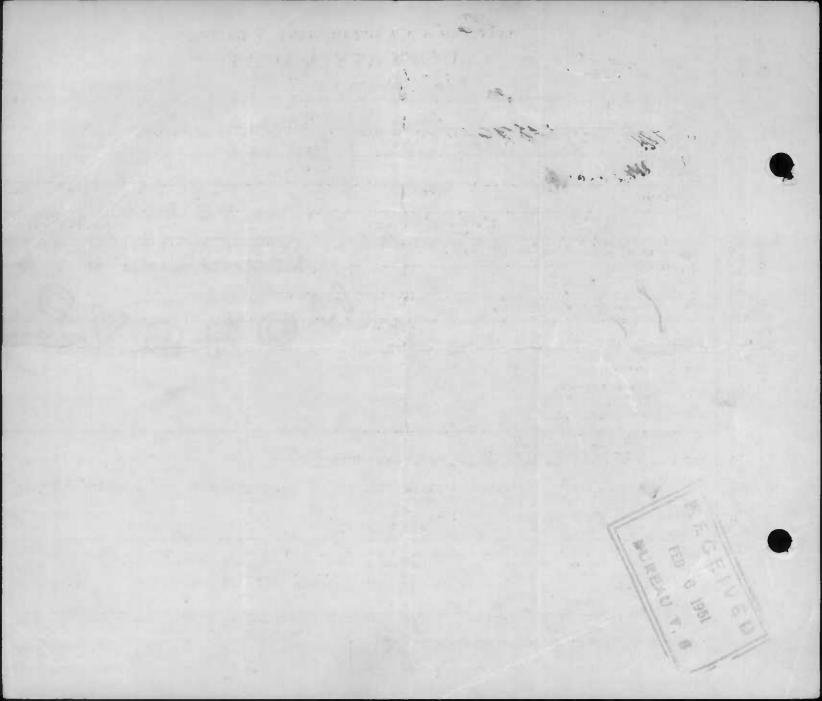
### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1732

Part Not No. 23/

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	2
OR give percettown)  TOWN  MARYLAND  MARYLAND  LENGTH OF STAY  (in this place)	CITY (If our a) the corporate limits, write RUBAL and (1)	e nearest town)
TOWN Condown bill (in this place)	TOWN Jandova Hills	
INSTITUTION OR 4106 - 70 m Cove	ADDRESS 4106 - 70 Marie	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)  5. SEX (SCOLOR OR RACE   7. SINGLE, MARRIED.	OEATH Fel-	1 19.57
WIDOWEDO DIVORCED.  (Specify)  10a. USUAL OCCUPATION (Give kind of work)  10b, Kind or Business of	Hec - 21.1872 78 yrs. Months	
10a. USUAL OCCUPATION (Give kind of work) 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even it reflect the transfer of peral		UNIS.a
13. FATHER'S NAME	14. MOTHER'S MAJOEN NAME	
15. WAS DECEASED EVEN IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes no, or unknown) (II yes, also, war of deces 1 5 77- 38-1371	Elmaleth Crulla-	Wate
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Cvente con	gestive heart failure	
Antecedent cause(s)		
Diseases or ennditions, il any, (b)		
107 giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS	Anumana	1
Conditions contributing to the death but not related to the disease or condition causing death.	0	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS   PLACE (Home, Jarm, factory, street,	(CITY OF TOWN) (COUNTY	Yes No 🗆
PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY While at Not while m, work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	utopsy X Inspection X Inquiry & thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece- from: natural causes , accident , suicide , homicide ,	used died on the dry stated above, and death in my	opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Walanus Mr. O. Dan ma J.C.	mar Cherry Hatte 11.	14/2-4-
23. RURIAL, CREMATION   DATE TARREOF NAME OF CEMPTE	RY OR CHIMATORE   LOCATION (City, town, or coun	ty) (State)
Bring Proity) 2/5/5-1 It Ine	coln temelly Colmar Man	of may
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG2/5/5/ Umanda Downey	Flanche Sono Health	2 milian



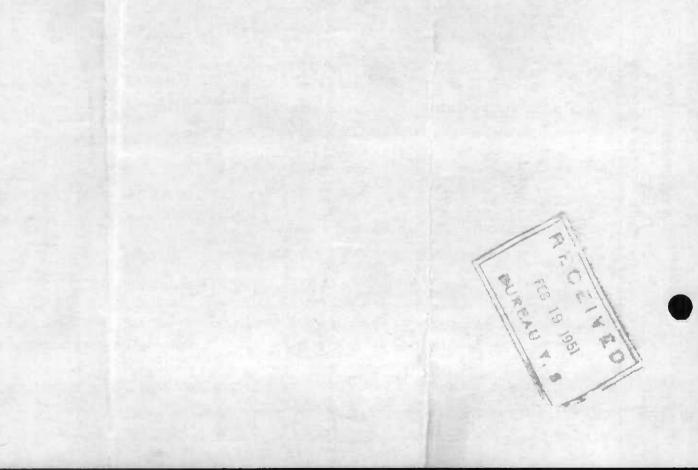
S. A15

2411 N. Charles Street, Baltimore

### **CERTIFICATE OF DEATH**

Reg. Dist. No. 243

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	, /
COUNTELNEG (YEORGE'S MARYLAND	V. C.	None
CITY (Poutside corregate limits, write RURAL and CR The nearest toy 2 EASANT (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR CHICK SANITARIUM	STREET ADDRESS /6/2 - (If rural give location)	V.E.
3. NAME OF DECEASED (First) (Middle) DECEASED (Character of Print)  ELSIF (NAM) ATK	(Last) 4. DATE (Mooth) OF DEATH Feb.	(Day) (Year)
(Type or Priot) 54 3/6 (NMN) // K 5. SEX   6. COLOR OR RACE   7. SINGLES, MARRIED,		1 year III under 24 hrs.
Female White WHOWED, DIVORCED, (Specify) JIVORCED	Oct. 29, 1869 8/ yrs. Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) dooe during most of working life, even if retired) INDUSTRY, HOWSEWIJE.		COUNTRY?
13. FATHER'S NAME Z Grauges	Unknown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   IN SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, of unknown) (If year, give was or dates of service) None None	Mrs. Margaret Cain	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	6	INTERVAL BETWEEN ONSET AND DEATH
A A A		A I A
332 Immediate cause (a) Cerebral My o	mbosig	about S day
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause	for selevous	V- 07 07 455400 1-1 405540 1-10 5000 1-10 1-10 1-10 1-10 1-10 1-1
statiog the noderlying cause last (c) Jenes legel II. OTHER SIGNIFICANT CONDITIONS	artero selevona	49 ht no 44 a a a a a a a a a a a a a a a a a a
related to the disease or condition causing death.	cleratic heart. diease.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No T
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 3.	1951 to Feb. 14 1951 that I last a	aw the deceased
7		
alive on Half. 13, 195, and that death occurred ats SIGNATURE (Degree or title)	ADDRESS	ated above. DATE SIGNED
Walter K. Ungerine m.D. 6	300-13 -St., N.W.,	2/14/51
23. BURIAL, CREMATION DATE NAME OF CEMETE REMOVAL (Specify)  BURIAL (REMATION DATE OF CEMETE CEMETE)	11 Cometery Suitland M.	ary and
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	W. W. Chambers Co. 517 114	ADDRESS ST. S. F.
- Jan 10 11 10 11 11 11 11 11 11 11 11 11 11		· b D C
	Was	k., D.C.



2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY LAND LEAVE & MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY P	el
CITY (If vitale corporate limits, write RUCAL and LENGTH OF STAY, OR give nearest down)	CITY (If outside corporate limits, write RURAL and give neared TOWN	st town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (It/rural, give location) ADDRESS 0, 5 7 th St	
3. NAME OF (First) (Middle)	Clast James 4. DATE (Month) (Day	
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday   If under   year	If under 24 hrs. Hours   Min.
done during post of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITTZ COUNT	EN OF WHAT
13. FATHER'S NAME REAL BOOKER	14. MOTHERS MAIDEN NAME	
15. WAS DEDRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	044
leervice)  18. MEDICAL CE	RTIFICATION	hop .
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONE	T AND DEATE
1/12 Immediate cause (a) Hypereins	Choner mysien ?	fr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	. Chomes myseu.	© y Judis mare (y la server-la-Quang-langhan q-q-server-qg y gyphagan
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20.	AUTOPSY?
Conditions contributing to the death but not related to the disease or condition causing death.		AUTOPSY!
Conditions contributing to the death but not related to the disease or condition causing death.	Yes	
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg. etc.)  ROMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED White at Not While	Yes	O No C
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg. etc.)  HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED White at Not While	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?	(STATE)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg. etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  OF White at Not While Work At work   22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR?  19.50, to 2/26, 19.57, that I last saw the 2/2, m., from the causes and on the date stated a	(STATE)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg. etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED White at Not While INJURY  22. I hereby certify that I attended the deceased from alive on 195 (Degree or title)  33 (Degree or title)	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  19.50, to 22.6, 19.57, that I last saw the ADDRESS  DA  COUNTY  TO DRESS  DA  COUNTY  ADDRESS  DA  COUNTY  ADDRESS  DA  COUNTY  TO DRESS  DA  COUNTY  TO DRESS  DA  COUNTY  TO DRESS  DA  COUNTY  TO DRESS  TO DRESS	e deceased above.
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg. etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  22. I hereby certify that I attended the deceased from 196 alive on 195 0, and that death occurred at	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  19.50, to 22, 19.57, that I last saw the ADDRESS  DA  RY OR CREMATORY LOCATION (City, town, or county)	(STATE)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED White at Not While INJURY  22. I hereby certify that I attended the deceased from alive on 195 (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  19.50, to 22, 19.57, that I last saw the ADDRESS  DA  COUNTY  ADDRESS  COUNTY  LOCATION (City, town, or county)  County	e deceased above.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH 5,6,7,8,9., shown on:

2411 N. Charles Street, Baltimore

4	pay	.)		1
1	4	Ü	1	,

AMNO. G 131 MAR 7 19	CERTIFICAT	E OF DEAT	H Reg. Di	st. No. 243
i. PLACE OF DEATH- COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (I		DUNTY
CMY (If outside corporate limits, write RUR OR givo nearest town) TOWN Glenn Dale, Md.			t of Columbia	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale	Suberculosis. San.	STREET ADDRESS 1607 1	7th Street No	orthwest
3. NAME OF (First) DECEASED (Type or Print) DECEASED	(Middle)	RRETT	4. DATE (Mont OF DEATH	h) (Day) (Year) 26 195/
6. SEX Color or RACE Color or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH	9. AGE last birthday If M	under I year   If under 24 hrs.   If under 24 hrs.   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY	Pennsylvania		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Anthony Barrett		Ida Thorpe		
15. Was Decrased Ever In U.S. Armed Forces (Yes, no, or unknown)   (If yes, give war or dates	of I	17. INFORMANT AND	ADDRESS	
service)	°'  327 <b>-11-1</b> 702	Decedent		
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
	t. laure laur	1000000000	ritia	21 40
Immediate cause (a)	tuberculous	Journay 1	7.003	Ja ways
Antecedent cause(s) Diseases or conditions, if any, (b) Juliumaniary		y tubercu	losis	12 yrs.
giving rise to the above cause stating the underlying cause last (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	th.			
19a. DATE OF OPERATION   19b. MAJOR	FINDINGS OF OPERATION	(4)		20. AUTOPSY?
		1/+		Yes No No
21. ACCIDENT (Specify) PLA SUICIDE HOMICIDE INJ	CE (Home, farm, factory, street, office bidg., etc.) URY	(CITY OR T	OWN) (COI	JNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED   While at Not While   Work   At work	HOW DID INJURY OCC	CUR?	
22. I hereby certify that I attended th	e deceased from /2-/	7, 19.50, to 2-2	6, 195/, that I	last saw the deceased
alive on 2-26, 1951, at SIGNATURE	nd that death occurred at 6	ADDRESS from the	causes and on the d	ate stated above. DATE SIGNED
& Janiel Lep Fine	cano MD.	Glew Pale Ja	matorine (leu	u Pale lud. 2/26/5
23. BORIAL, CREMATION DATE THERE REMOVAL (Specify)	washing in	habrual cente	OCATION City, town, o	ued hid.
DATE REC'D BY LOCAL REGISTRAR'S REG. 2/17/5/	l Wess	Robert a.	allingly	ADDRESS
		49044418	1-11-498.8.6	. Wash. W.k.

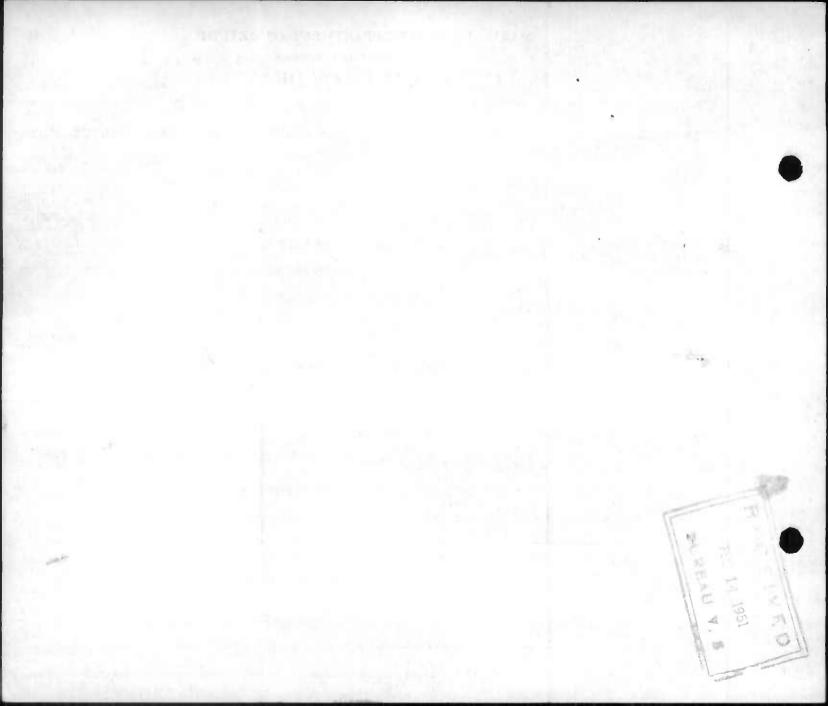


2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

1730

COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-
Time Deval MARYLAND	maryland Tr. Heo.
CITY (If outside corporate limits, write RURAL and OR give nearest town).  TOWN  LENGTH OF STAY (in this place)	OITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Ramily
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location), ADDRESS 350 1 - Perru Street
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)  5. SEX  6. COLOR OR RACE   7. SINGLE, MARRIED,	DEATH   DEATH   195 (  S. DATE OF BIRTH   9. AGE last hirthday   If under 1 year   If under 24 hrs.
male white Specify married	1/28/1876 75 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) done during most of working ider, even if retired)  Thourands (Lamb	11/BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  COUNTRY?  COUNTRY?  COUNTRY?
Wm. Thomas Beall	Henriella E. Hardy
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If yes, give war or dates of service)	17. INFORMANT Lellian Brown Beall, (Wile)
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Lardiec lamponede	- Reptuted Dissecting Anaury son 2? Minutes
Antogodont couga(g)	
Diseases or conditions, if any, (b) DISSECTITY AIREY	ty son 1-2-45 (Ruptured 2-9-50) 6+ yra
stating the underlying cause last	etims Amerysms
11. OTHER SIGNIFICANT CONDITIONS	Cardivescular Disease 10 yrs
Conditions contributing to the death but not	1.1. P 4 1 1 2 mg
related to the disease or condition causing death.	Colon, Rectal Kernorrhage 2 120, AUTOPSY?
	Yes 🕩 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office hidg., etc.) HOMICIDE INJURY	
THE STATE OF THE S	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY OCCURRED While at Not While of North INJURY	HOW DID INJURY OCCUR?
OF NJURY  m. While at Not While Work At work	
OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?  1945, to 2-9, 1951, that I last saw the deceased
22. I hereby certify that I attended the deceased from	, 1945, to 2 - 9 , 1951, that I last saw the deceased
22. I hereby certify that I attended the deceased from	, 1945, to 2 - 9 , 1951, that I last saw the deceased
22. I hereby certify that I attended the deceased from	3:40 A.m., from the causes and on the date stated above.  ADDRESS DATE SIGNED  Let. Kaiwa Let 2 2-9-51
22. I hereby certify that I attended the deceased from	1945, to 2.9, 1951, that I last saw the deceased  3:60. A.m., from the causes and on the date stated above.  ADDRESS  DATE SIGNED  ERY OR CREMATORY LOCATION (City, town, or county)  (State)
22. I hereby certify that I attended the deceased from	1945, to 2.9, 1951, that I last saw the deceased  ADDRESS DATE SIGNED  Let Rain Le D 2-9-5-1  ERY OR CREMATORY LOCATION (City, town, or county) (State)  Let Louisian Manar Pr. Seo, Med  24. FUNERAL DIRECTOR ADDRESS
22. I hereby certify that I attended the deceased from	1945, to 2.9, 1951, that I last saw the deceased  3:40 A.m., from the causes and on the date stated above.  ADDRESS DATE SIGNED  LOCATION (City, town, or county) (State)  Location Coloner Manor Pr. Seo, Md



The correct age

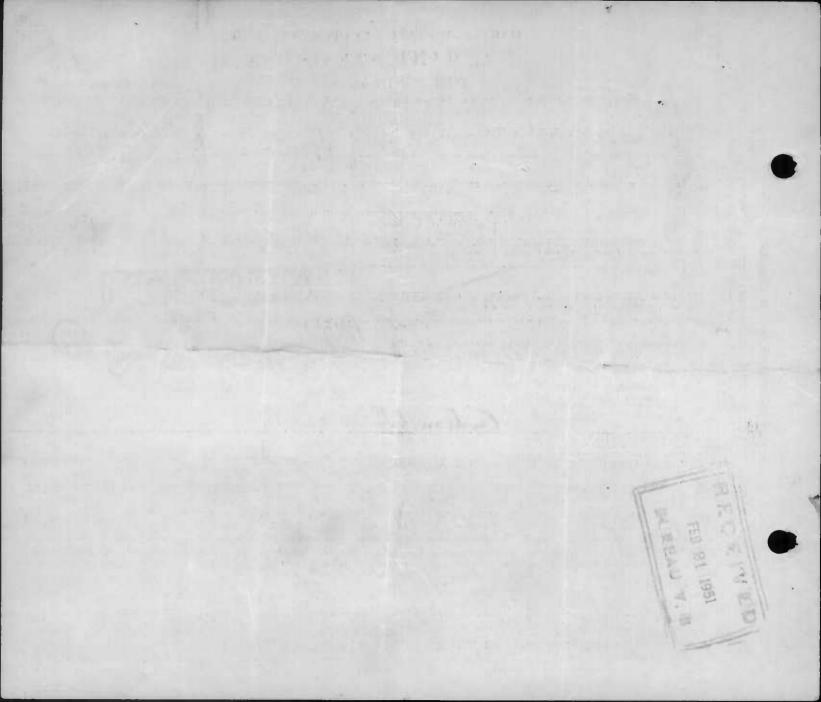
MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 23/

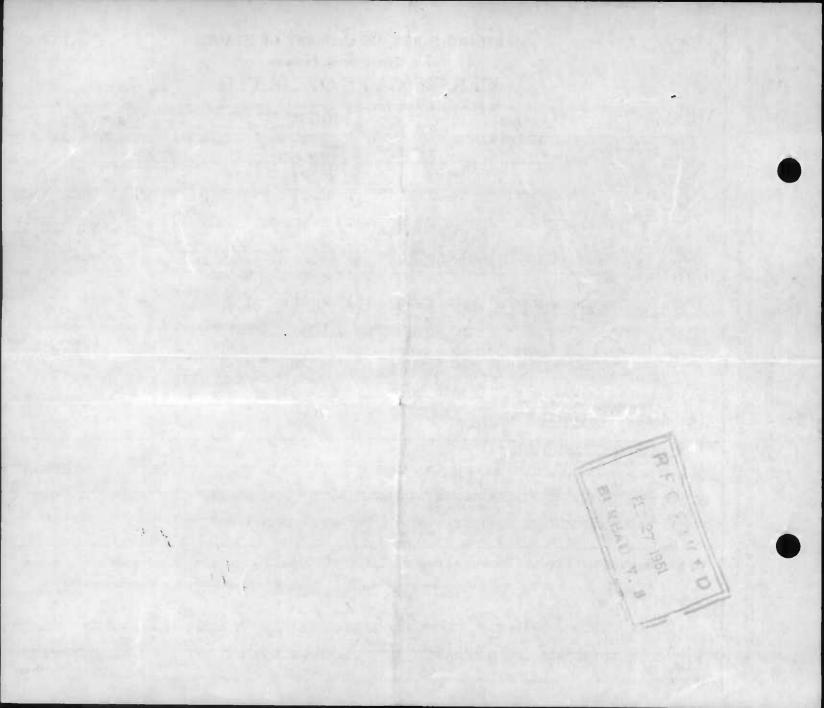
	Neg. Dist. No
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
OR give hearest them. Arite RURAL and LENGTH OF STAY OR give hearest them.	CITY (If our pure corporate lingua, with AURAL and gran nearest town)
TOWN CHUTCH	TOWN Columbia Jank Jandover
HOSPITAL OR INSTITUTION OR STREET ADDRESS Price Giorges General Hosp	STREET (II rulal, give location)
3. NAME OF DECEASED 13 (First) TANKLEY	(Last) 4. DATE (Month) (Day) (Year)
5, SEX 6. COLON OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED,	S. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work lob. Kind of Brinnes OR lobe during raget of working life, even if retired) INDUSTRY I	11. BUTHPLACE (State of foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME U. Beaut	14. MOTHER'S MAIDEN NO.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of 178-40.2935	17. INFORMANT AND ADDRESS Charles H Bean Landover med
18. MEDICAL CF	ERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATS
ola - Immediate cause (a) Hemorhag	a shock
819,5 Immediate cause	all & crushed chest
	ull & crushed chest
giving rise to the above cause stating the underlying cause last	aradent
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. EXTERNAL CAUSE WAS   PLACE (Home, fgrm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
PRIMARY YOR CONTRIBUTING OF office de de la contribution OF office de la c	Mean Cheverly - On Georges - md.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCURY
INJURY 2-18-5.1 9.30 m.   While at work at work &	Passenger in automobile drawfr of which
22. I certify that I took charge of the remains described above, held an A	Autopsy , Inspection , Inquiry , thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said decorrom: natural causes, accident , suicide, homicide,	eased died on the dry stated above, and death in my opinion resulted
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
John J. Maloney, Mr.D. Den. Myd. Fram.	Cheverly-proltonle Md. 2
24. BI RIAL, CREMATION DATE THEIREOF NAME OF CELETE	ERY OB GILLMATORY   LOCATION (City town, or county) (Syste)
DATE RECID BY LOCAL   REGISTRAR'S SIGNATURE	24. BUNKAL DIRECTOR
REG. 2/20/51 Umanda Douney	I Gaschesons Hyallentling
	3201111
· · · · · · · · · · · · · · · · · · ·	390 4 4 4



2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

A		
1. PLACE OF DEATH. COUNTY French Glorge MARYLAND	2. USUAL-RESIDENCE GROME OF DECRASED STATE haryland richt	x Georges
CITY (If outside corporate limits, write EVRAL and LENGTH OF STAY OR The mires to have have him this place)	CITY (It outside corporate limits, write RURAL and of OR TOWN M Karnell, Ma	ve/nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 400 (If rural, give location)	etreet
3. NAME OF DECEASED (First) (Middle) (Type or Print)	BECK   4. DATE (Mopth) OF DEATH Zel 24	8 (Day) (Year)
Lemale While Specify by the Specify	8. DATE OF BIRTH 9. AGE last birthday If under Months yrs.	I year  If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work dope during most of working life, even if retired) Supurity one	1. BIRAHPLACE (State or Breign country)	2. CITIZEN OF WHAT
13. FATHER'S NAME Moses Heagy	14. MOTHER'S MADEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war of dates of service)	Telen Colomo Int la	mushed
18. MEDICAL CEI	RTIFICATION	1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	~ 1 '	ONSET AND DEATH
420   Immediate cause (a) Coconas	1 Throntous	2/23/51
Antecedent cause(s)	your	
Diseases or conditions, if any, (b)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY	Yes No
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5.2.		saw the deceased
alive on 2.22, 195./, and that death occurred at	025-	tated above.
SAGNATURE (Degree or title)	8M On Grangelike ked	DATE SIGNED
	LY OR CREMATORY LOSS ON (City, town, or con-	aty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR Hyste	nte hi



### CERTIFICATE OF DEATH

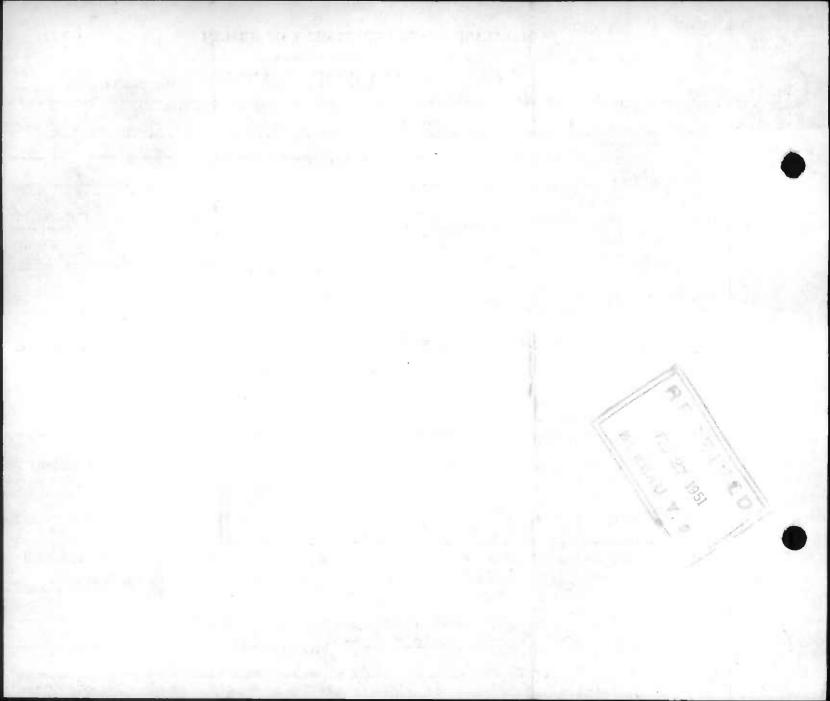
1733

		21/5
eg.	Dist.	No.

	Reg. Dist. N	0
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	1. 11
COUNTY GRAND KLOUGES MARYLAND	STATE THE COUNT	Luce Lever
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
OR give nearest town) TOWN (In this place)	TOWN Schilleyn Three	sel-
HOSPITAL OR	STREET / [If rural, give location)	./
INSTITUTION OR STREET ADDRESS	ADDRESS & 17- Sherder	W.
3. NAME OF DECEASED (First) (Middle)  (Type or Print) SARA	PIRCH J. DATE (Month), OF DEATH Section	(Day) (Year) 74 195
6. SOLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	May 13 186 9. AGE last blythday If under Months	1 year   If under 24 hrs   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyed if retired)  10b. Kind of Business or Industry	11. BIRTHPLACE State or foreign country)	2. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y96, no, or unknown) (If yes, give war or dates of service)	17. Heorge H. Berch	
J 18. MEDICAL CE	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
6-4-0	-: 11 1 n	OHOMI AND DEATH
420,0 Immediate cause (a) auchasele	whie Head Diese	14v -
Antecedent cause(s)		/
giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(000111	, (~ 2.2.2.2)
TIME (Month) (Dsy) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF   While at Not While   INJURY   m.   Work   At work		
	F-1 =1	
22. I hereby certify that I attended the deceased from.	, 19.70, to 19. , that I last s	saw the deceased
alive on 24f sb 195/, and that death occurred at	21.19.7m., from the causes and on the date st	totad abava
alive on		DATE SIGNED
July Milbert, MO.	3200 Chillen Rd. nd. 2	124/5/
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specific All 27, 1457)	ERYOR CREMATORY LOCATION (City, town, or coun	(State)
DATE REC'D BY LOCAL PREGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

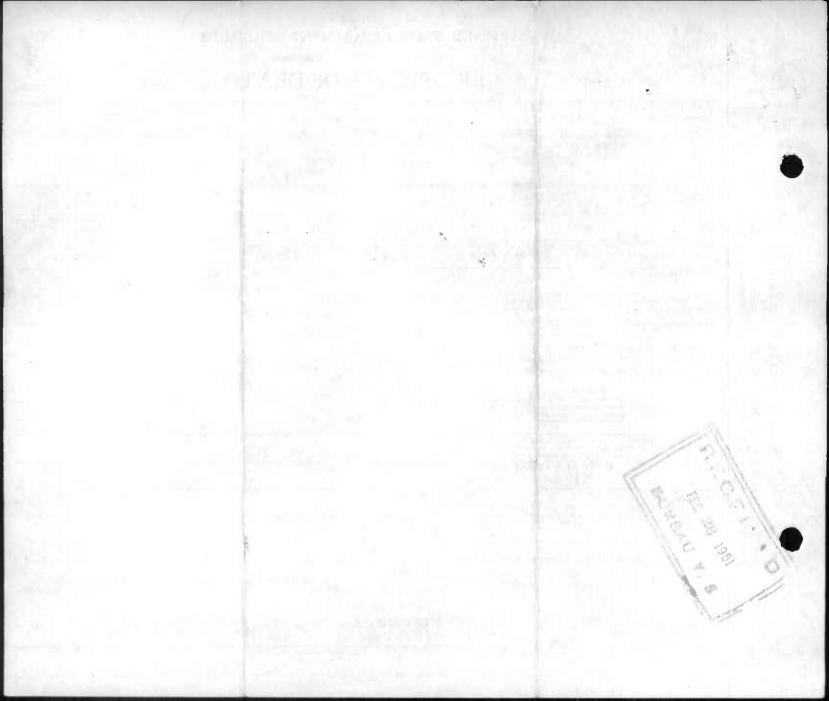


2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

17:0

COUNTY Pr Gorge MARYLAND	STATE Maryland COUNTY	Pr. Geo.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN AVONDALE	CITY (II outside corporate limits, write RURAL and giv OR AVONDALE	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS 4803 - LaSalle Rd.	
3. NAME OF DECEASED (First) Harriett M. Bishop (Type or Print)		(Day) (Year) 5th1951 <sub>19</sub>
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify) WILLIAM	7.00	year   Il under 24 hrs. Days   Hours   Min.
done during most of working life, even if retired)  10b. Kind of Business on Industry  H. W.	Virginia	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Ella H. Staples	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Earl C. Bishop	
18. MEDICAL CE	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Muta 84 alice	Carcinona	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Urmany Blodder	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	•	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   Mork   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 20	, 1950, to Att 26, 1951, that I last sa	w the deceased
alive on 300, 195, and that death occurred at 51GNATURE (Degree or title)	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	ted above. DATE SIGNED
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE BEFFE (Specify) Jul. 28, 1957   Fort Line		y) (State)
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE REG. Helry 26 1981 ms. Jan. Levere Qui	24. EUNERAL DIRECTOR  July M. July Son's Co - 306 - 41	ADDRESS N. N. C.



VS. A15

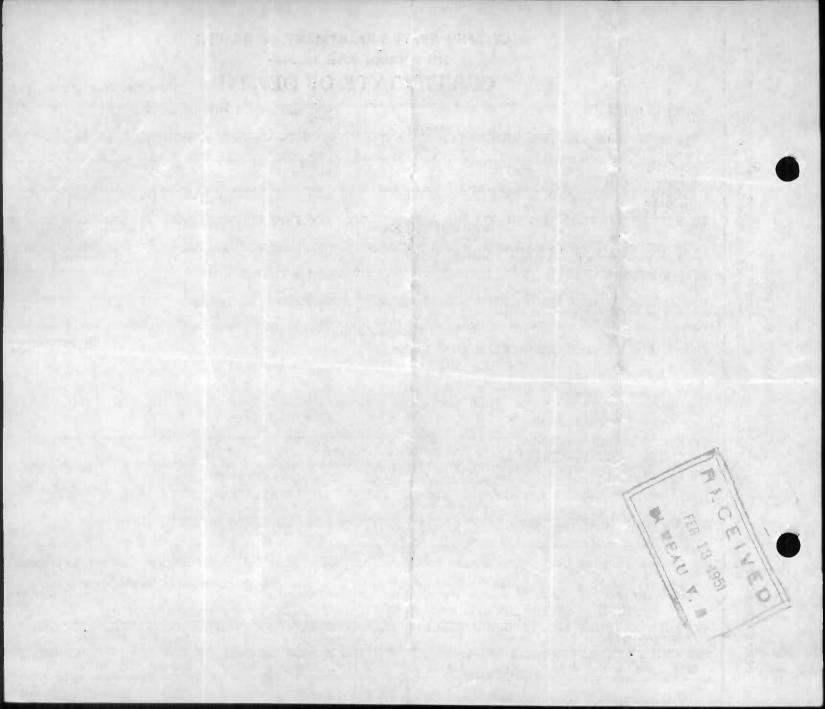
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 23/

I. PLACE OF DEATH. COUNTY TRUME Season MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and OR give nearest town)  TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS TAMON SIGNAL SIGNAL	STREET (It sural, give location)
	" 110000 0 10000 10000
3. NAME OF (First) (Middle) DECEASED (Type or Print) FCANK	Boteler DEATH Fold (Month) (Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	M. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	marfand COUNTEXT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Casasianus Batalas	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown)   (If yes, give war or dates of	AND ADDRESS
ha service) wo	Janus Peteller - Derman / Made
18. MEDICAL CE	PATIFICATION / /
(	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
4. 41.	R.
420. Immediate cause (a) 1926 Statio	reuman 1 d
Antecedent cause(s)	, 5 /
Diseases or conditions, if any, (b)	V Syndrome
giving rise to the above cause	^
stating the underlying cause last	1. 4 1 -
(c) Meris Scle	restro near disease
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypentrofly
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
2-5-51 Section Judice	Cyration 1
	Yes V No 🗆
21. ACCIDENT (Specify) PLACE (Home, fam, factory, street, OF office bldg., etc.) HOMICIDE (INJURY	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
ANOUGH AND THE PROPERTY OF THE	11 11 6
22. I hereby certify that I attended the deceased from	19 to 19 that I last saw the deceased 300 m, from the causes and on the date stated above.
line on 215 a 105 and that death assumed at S	m., from the causes and on the date stated above.
SIGNATURE . (Degree or title)	ADDRESS DATE SIGNED
18th Chenne M.	1) (Surge Carl) (m 2/1/2)
	1. 11/21
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) . / (State)
REMOVAL (Specify) 2/9/51 Loudon Par	k Cemetery   Baltimore Maryland
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 8 Feb 1057 ///	
190 1901 Umanda Wouncy	F. Gasch's Sons Hyattsville Maryland.



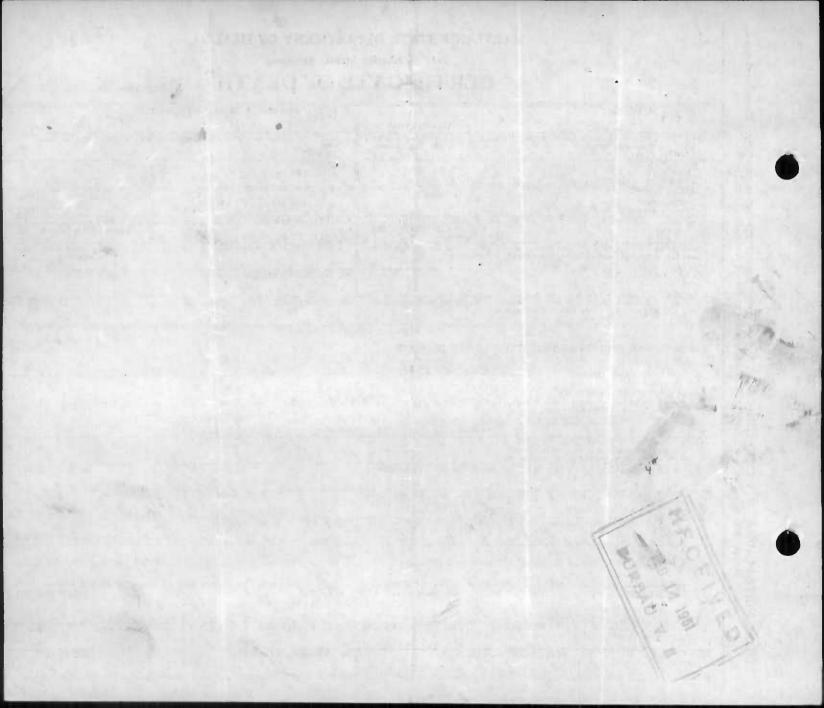
VS. A15

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	H: 00 (		2. USUAL RESIDENCE		
COUNTY	uce George s	MARYLAND	STATE yn are	cland	COUNTY Cr. Sec.
CITY (If outside c	orporate limits, wrice RUR			rate limits, write RURAL	and give nearest town)
OR give nearest	town)	(in this place)	TOWN YML- K	senier	
HOSPITAL OR		00 /	STREET	(If rural, give loca	ation)
INSTITUTION OF	Es Prince Har.	Ken Wash.	ADDRESS 3714	-35th Str	red
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Mon	th) (Day) (Year)
DECEASED	ELVIN	E	BLANCHARD	OF OF	G -
(Type or Print)	6. COLOR OR RACE	7. SINGLE, MARRIED.	S. DATE OF BIRTH	DEATH Def	If under 1 year   If under 24 hrs.
VA NA	L. COLON CAN ALACE	WIDOWED, DIVORCED,	00.61 21 160	116	Months   Days   Hours   Min.
100 HELLAL OCCUP	ATION (Give kind of work	(Specify) MOVULC	11. BIRTHPLACE (State	or (oreign country)	12. CITIZEN OF WHAT
done during most of w	vorking life, even if retired)	INDUSTRY	7 4		COUNTRY?
13. FATHER'S NAM	ik in office ial	I avy departmen	1 14. MOTHER'S MAIDE	N NI ME	4-314.
13. FATHERS NAM	Wind	10	W. MOTHER'S MAIDE	1	
· unquestus	14:15 Kanch	ara	Mary Mc	10 onne	1 1/2
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	1 1 2	ye; - H. OL
	service) NO		Dervinge o	canchard 3	114-35 06.
		18. MEDICAL	CERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	1	1 . 1	ONSET AND DEATH
		1. 1	4	1.11	
Immediat	e cause (a)	lank cong	isher mar	1 soulure	***************************************
8/2 5 Antonodos	** **********	0 14	1 1-		
	nt cause(s) conditions, if any, (b)	Crushed e	hest		
giving rise to	o the above cause inderlying cause last			1	
Busing the u	inderlying cause last	Marktonle My	etures or ear	Tremeties	
11. OTHER SIGNIFI	CANT CONDITIONS	The state of the	1000000	00.70000	
Conditions contribu	uting to the death but not se or condition causing deat				
19a DATE OF OPE	RATION   19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, stree	t. : / (CATY OR	TOWN) (GC	UNTY) (STATE)
SUICIDE		office bldg., etc.	Mr. Nam	1 1 1 1	8- md.
TIME (Month)	(Day) (Year) (Hours)	INJURY OCCURRED	HOW DID, INJURY O		o- more
OF .	コーノファット	While st Not While	101-1.1	1 1 1 1	The maine along
INJURY [-2	15 / UZ m.	Work At work	smenya	monner ma	merossingular
22 I haraby cont	ify that I attended th	e deceased from	19 to	10 that T	last saw the deceased
22. I hereby cert	ily that I accended th	e ueceascu mom	~ 45	10 UIAU 1	last saw the deceased
alive on	, 19, ar	d that death occurred at	7 P. m., from th	e causes and on the	date stated above.
SIGNATURE	1	(Degree or title)	ADDRESS		DATE SIGNED
11/22.	1/ mily +	m/C, 2	Olamon / by	11 10	200/0.000
John J. Me	Many or zone	111-01- Jam	Jueverly- 19	Janoville.	ma-2.10-31
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THERE	4 4 0	TERY OR CREMATORY	LOCATION (City, town,	11
Burrac	2/13/5		un bemelery	Richmond	Mirginia
DATE REC'D BY	LOCAL RIGISTRAR'S	1.	24. FUNERAL DIRECT		ADDRESS
2/11/51	Umands	Vourey	nolley's Fur	rerax Home 3:	100-K. V. live,
		7		mt. Raine	12 md, 20, 011
			· ·	1/60:11 00000	770910



The correct age

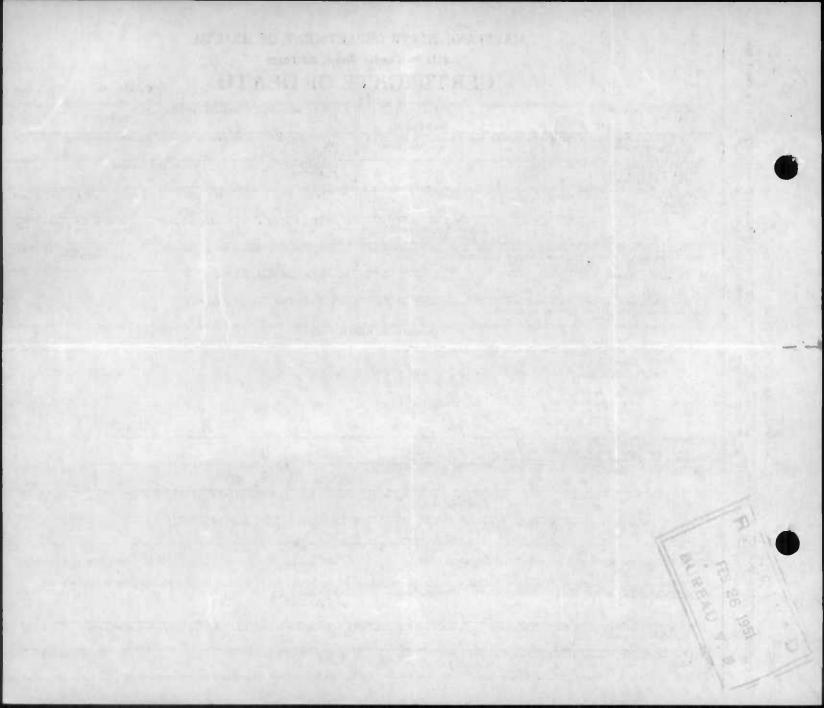
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
PRINCE GEORGE MARYLAND	FLORIDA	DUVALL
OR glvq nearest town (in this place)	CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN HYA115 VILLE	TOWN JOD JACKSON VILLE	\$100- \$100-
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	1 V
STREET ADDRESS 4301 / ENNEDY 39.	1 1302 MOLLY WOOD	7 V.F.
3. NAME OF (First) (Middle)	DATE OF STATE OF	(Day) (Year)
(Type or Print) NAUTE JAEVE		2 2 1957
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	1-20-Po 1 A Months I	Days   Hours   Min.
10- HOLLAT OCCUPATION (Cive bind of work   10h Kind of Rusiness of		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		OUNTRY?) (A
done during most of working life, even if retired)  A STATE OF THE STA	1 14. MOTHER'S MAIDEN NAME	20.377
MANDICE F TUIDIEY	ELLA E. PYWELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS 901	we St. h.
(Yes, no, or unknown) (If yes, give war or dates of service)	Walter K. Shirles . 2001	10C
18. MEDICAL CE		, , , , , , , , , , , , , , , , , , , ,
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
		1.44
Immediate cause (a) Carcinoma.	of cervix	yenr
		/
Diseases or conditions, if any, (b) NC 1015 10.51	TO DIAMPER	1 month
giving rise to the above cause stating the underlying cause last		
(c)	<u> </u>	1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	Yes No (STATE)
SUICIDE Office bldg., etc.)	(CITTON TOWN) (COUNTY)	(SIAIE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 1-ZZ	, 1951, to Z. 72, 1951, that I last say	w the deceased
alive on	O'US Am from the courses and on the data stat	ad abava
SIGNATURE: // (Degree or title)	ADDRESS (4 ' Out.	DATE SIGNED
1 KA 3 11 D	4314 Galla The ST.	-22-51
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DAMILY IN .	
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county	(State)
DURIAL IX X6-01 (EDAIN)	24. FUNERAL DIRECTOR	ELO, MJ.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	A. TOTAL DIRECTOR	ADDRESS
for LL Col facing Delos	1 / 1 / Henry 10, woody	May 10



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indesibly is especially important. Physicians: please write the causes of death clearly and legibly A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1,44 Reg. Diat. No. 242

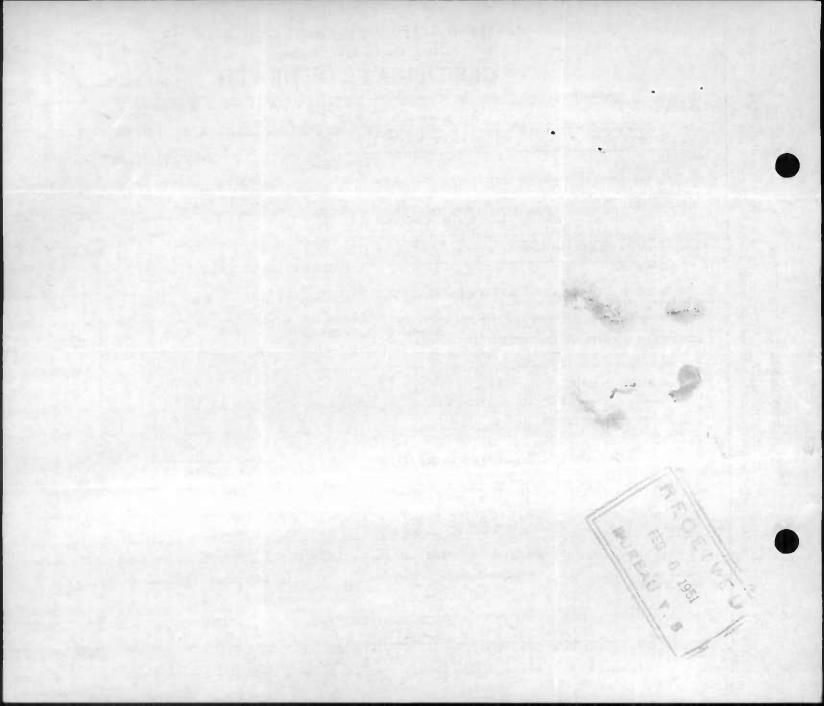
1. PLACE-OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Transcription of the County County County	(For newborn infants give residence of mother)		
City or lown	State Kirly Orinary Orinary of The County of		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 1408-31/11		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mary Climbeth Bream	alan		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Jemsel White Wishow	20. DATE OF DEATH. A 2 2 2 19.5/ at 443 a. 1		
Com 74 P Branchand	21. I CERTIFY That death occurred on the date above etated; that I alterged deceased from		
8.(6) Name of husband or wife	Feb 22 1957, 10 Feb 29 196/		
7. Birth date of	and that I last ear heralive on Feb 2 6 18 57		
deceased (mo., day, yr.) Way and y 1830	Immediate cause of death Acute Coulgestive DURATION		
8. AGE: Years Months Days It less than one day	Heart feeleret 2/les		
hrs,mln.			
9. Birthplace twools O C	Due to Cerebral Hemarlinge		
(Town, eounty, and state)	Paralype At Dely of today I days		
10. Usual occupation.	Due to Ochesal arlesposelesses		
11. Industry or business	William William		
# 12. Name Chanles W Amiles	Other conditions mare cy Zeal		
12. Name Cada Di C	33/X		
14. Maiden name to party and a cond Carlo	(Include pregnancy within 3 months of death)  Major findings of operations.		
14. Maiden name Malan 15. Birthplace	Date of op.		
16. Informant MAS Donather a Shorators	Antopay results. Nave		
Od A See Leave 1 Leave 1 A D	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 140x-0 14 has believe mix	22. VIOLENCE: If death was due to external causes, till in the following;		
17. Bate thereof (month) (day) (year)	Accident, euicide, or homicide was a fact of the second of		
Cemetery or crematory X Olive	Where did Injury occur?		
Dag' ata D.C	Injured at home, farm, Industry, public place (where?)		
Location	Meene of Injury Injured at work?		
18. Funeral director A. O. A.			
Address 131-112 11 87 Wall DC	23 SIGNATURE RECOVER USERIA		
19. 2.28 19.51 Jamanda Howney	Teleskusaton 19 a Die strong Feb 27		

2411 N. Charles Street, Baltimore

1745

## CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CO.	STATE NACY (MOME) OF DECEASED.	2
	STATE MARYLAND COUNTY	EO.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give ne	
TOWN (in the place)	OR OF THE ROLL AND GIVE NO	arest town)
HOSPITAL OR	TOWN GREENBELT	
	STREET (Urural, give location)	
INSTITUTION OR 24 - KESORCH RD	II ADDRESS	4-
	1 LAT- NESEARCH KO	AD
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (De	ay) (Year)
(Type or Print) 140MAS FRANCIS	LOURY OF	1 sept.
	DEATH	195/
WIDOWED DIVORCED	8. DATE OF BIRTH   9. AGE last birtbday   If under 1 year	ar III under 24 hr
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Months. Day	s Hours   Min
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	1 11 DYDWYYDY ACED 400	
done during most of working life, even if retired)   INDUSTRY		TIZEN OF WHAT
	GIARDVILLE FERMA COUN	STRY? /5 M
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	9-17
PATRICK BURKE		
	1 1636 HARRIS	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or date of	17. INFORMANT AND ADDRESS	
service) None 187-09-5355		. 0-
130 100 10000 101 01 0100	KATHERING MI. BURKE- 2A-KESEARDA	KD
	(ARENBEL	110
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	ERVAL BETWEEN
TO DEATH	ON	SET AND DEATH
(P) · T	E ·/	/
Immediate cause (a)	/ acline	& bours
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Company
Antecedent cause(s)		
		/
Qual Diseases or conditions, if any, (b)	ulesoco 2	. Ylacon
giving rise to the above cause stating the underlying cause last	A second state of the seco	
and the directlying cause last (c) I sunder I (de	Taria Dela Carrier	,
II. OTHER SIGNIFICANT CONDITIONS		Caral
Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1.00	ATTENDED
	20,	AUTOPSY?
21. ACCIDENT (Specify) 1 PLACE (Home farm factory street :	Y	es 🗆 No 🗆
	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(0001127)	(DINIE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW IND AVAILABLE	
OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Naview	1105/2 to El 2 10-11	
The state of the deceased Holli. A. M	27, 19.5, to	he deceased
alive on 1950, and that death occurred at 5	C15 A	
SIGNATURE (Degree or title)	m., from the causes and on the date stated	ahove
SIGNATURE (Degree or title)	ADDRESS	TE SIGNED
1,11. 11.		
William M. Orsula Mily	30.B. Rilge Rd: Trembell 4 0	2-4-51
23. BURIAL, CREMATION   DATE   NAME OF CEMETER	Y OR CREMATORY LIOCATION (CITY)	
REMOVALISHED LESS TIPE	(Signature)	(State)
MOUNTAIN VIEW	KEMETERY WEST HAZELTON, F	ENNA.
DATE REC'I) BY LOCAL REGISTRAR'S SIGNATURE		
Delta w	24. FUNERAL DIRECTOR	TAD FROM
telas 11-1951	INI INI I WAMPON. IS	DRESS
Teby 4-1951 John D. Smitta	W. W. CHAMBERS Co- RIVERDA	4.4
- Febry 4-1951 John D. Dmitty	IN W Puranon. B D. AU	4.4
Trby 4-1951 John D. Dmitty	IN W Puranon. B D. AU	4.4



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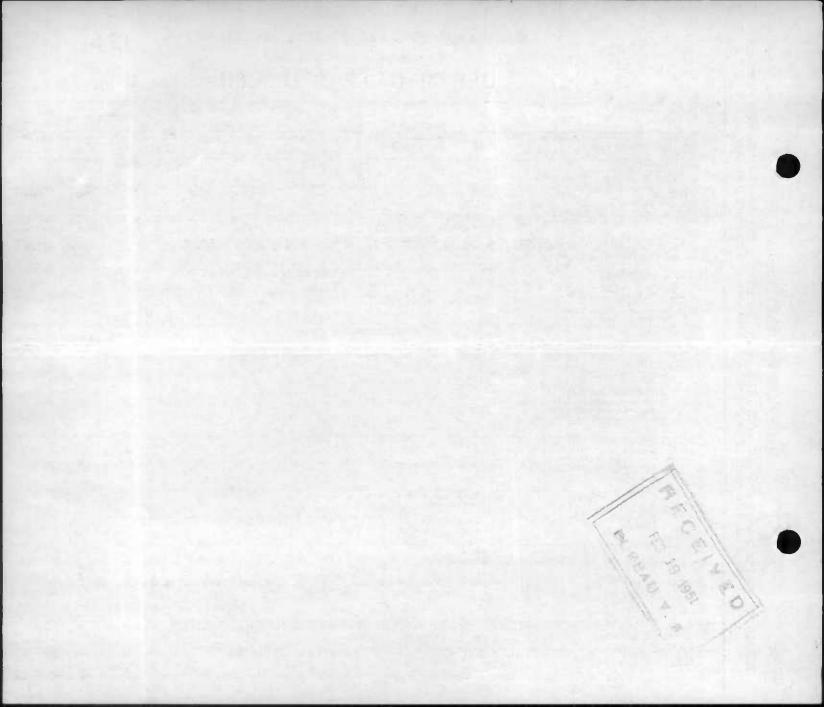
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

1740

1. PLACE OF DEATH. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Price Les Coles
CITY (Il outside corporate limits, write RURAL and OR givo nearest town) Jakouse Pk. (in this place)	CITY (Il outside corporate limits, write RURAL and give OR TOWN Thomas Cark.	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 7/07-13 ave.	
3. NAME OF DECEASED (First) (Middle) (Type or Print) CAMILLA MARIE CA	AMERON 4. DATE (Month) OF DEATH 7eV.	(Day) (Year) /6 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Window	8. DATE OF BIRTH 9. AGE iast birthday If under 1 Oct 12, 1866 84 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)  10b. Kind of Business or Industry	norway	COUNTRY? S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
marlinus ager	17. INFORMANT AND ADDRESS	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or fates of service)	Mrs Hanna Sylvester	
18. MEDICAL CE		
	A	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	as las is sontal	ONSET AND DEATH
5810 Immediate cause (a) Hayaruc W	venous, 2000,	14.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	V	0
(e)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 27	7., 1937, to 7. 15, 1951, that I last se	w the deceased
alive on	ADDRESS A	ated above. DATE SIGNED
W.G. Melman, M.D. 10616 Lo	rain Crop, Silver pering had, Fe	V. 16, 1951.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE BEMOVAL (Specify) 2/19/1951 Coldar H	all Cemilery Suitland	Med.
DATE REC'D BY LOCAL REGISTRAR'S SENATURE  PREC 1951 Seuls Severy	1. W. Chambers Co 1400	Chekin st



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1741

1. PLACE OF DEATH COUNTY	rince George	MARYLAND	2. USUAL RESIDENCE (I	IOME) OF DECEASE	COUNTY Prace 620.
CITY (If outside co OR give nearest TOWN	town) Acco Keek		II OR A	ate limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	t SS		STREET ADDRESS	(If rural give loc	atlon)
3. NAME OF DECEASED (Type or Print)	(First) Homer	(Middle)	(Last)	OF DEATH	onth) (Day) (Year)
5. SEX Ma(e	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday  yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.
done during most of w	ATION (Give kind of work king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	1 /-	12. CITIZEN OF WEAT COUNTRY?
13. FATHER'S NAM	Not kno	nun	14. MOTHER'S MAIDEN	Not know	7 -
	ER IN U.S. ARMED FORCES?  (If year, give war or dates of service)	1116 15 10 10 10 10 10 10 10 10 10 10 10 10 10	17. INFORMANT MUS. My	rtle Ward	Accokosk old
	NDITIONS DIRECTLY I	EADING TO DEATH	RTIFICATION  Embolism		INTERVAL BETWEEN ONSET AND DEATH
422 Anteceden	e cause  it cause(s)	0/ :	0 0'/		4
giving rise to stating the u	conditions, if any, (b)	(hvonce	dry ocard of is		195.
II. OTHER SIGNIFIC Conditions contributed to the disease	CANT CONDITIONS iting to the death but not se or condition causing death	. None			
19a. DATE OF OPE	RATION   19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT SUICIDE HOMICIDE	OF INJUI		(CITY OR		OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	•
22. I hereby certi	fy that I attended the	deceased from Jd	, 1957, to Feb	-4, 19.57, that	I last saw the deceased
alive on Fo	, 1951, and	that death occurred at	ADDRESS	causes and on the	DATE SIGNED
23. BURIAL, CREMA REMOVAL (Speci	ATION DATE	NAME OF CEMETE	/ ( - /	OCATION (City, town	
DATE REC'D BY I	OCAL REGISTRAR'S	REMATURE	24. FUNERAL DIRECTO	OR O	Waldorf. Ord
	mrs. al	tou Vavis		0	682536

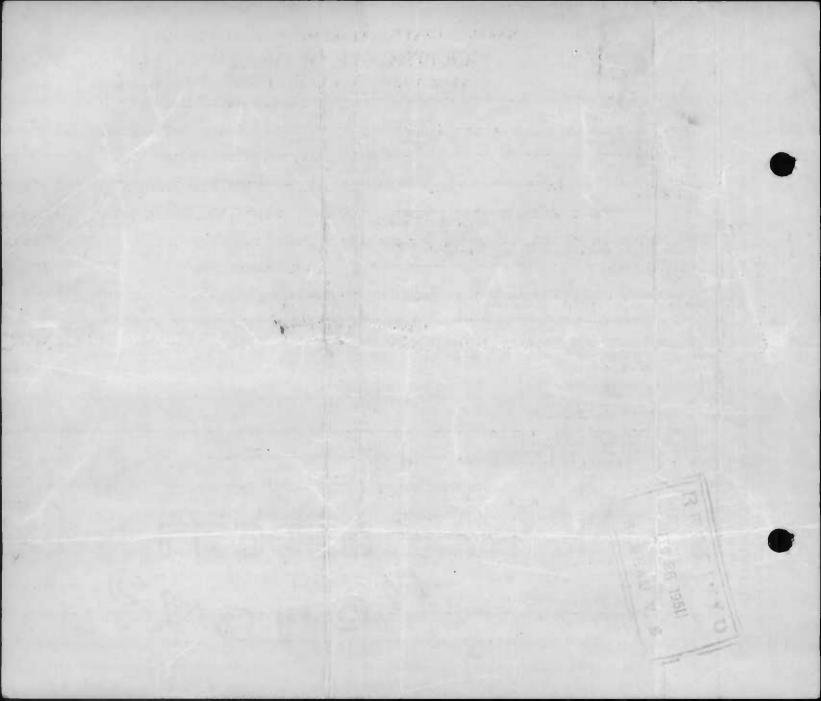
WRITE PLAINLY

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

COUNTY COUNTY COME ( GLOSS ) MADWAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	0.0
CITY (If outside corporate limits, write RUDAL and LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give ne	arest onwa)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 53 0 5- Gre Street	STREET ADDRESS 30 5 Green Street	P
3. NAME OF DECEASED (First) (Middle) (Type or Print) Toul ) Toul	Conorly DEATH 2	(Year) (Year) 195/
6. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED.  WILLOWED. DIVORCED.  (Space)	yrs.	ys   Hours   Min.
10. USUAL OCCUPATION (Give kind of work done during upon of working life, even if retired)  12. FATHER'S NAME		TIZEN OF WHAT
16. WAS DECRASED EVEN IN U.S. ANMED FORCES 17. SOCIAL SECURITY NO.	17. JNFORMANT AND ADDRESS	
(Yes, no. or unknown) (If yes, give war or dates of 57)-83-068/	1 Sertha 03. Conerly	)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	, d	TERVAL BETWEEN
420, Immediate cause (a) Coronary	Cochesen	0 97 M3 M3 + 0007+ 2 2000 BOOK 10 10 10 10 10 10 10 10 10 10 10 10 10
Antecedent cause(s) Diseases or ennditinna, it any, giving rise to the above cause stating the underlying cause last	scular revel dise	3
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes \ No \
21. EXTERNAL CAUSE WAS PRIMARY  OR CONTRIBUTING  OF office bldg., etc.) INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not while INJURY m.   work   at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes A accident suicide, homicide SIGNATURE (Degree or title)	eased died on the dry stated above, and death in my opi undetermined	n the evidence nion resulted
3. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	TVISIANU UM 2  CRY OR CREMATORY   LOCATION (City, town, or county)	(State)
DATE REED BY LOCAL REGISTRAR'S SIGNATURE REG. 7 6 8 195 HOWARD TREED	24. EUNERAL DIRECTOR Bros. 2007-	ADDRESS
Cami F. Camphell	750836are S.E. U	and De



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## 1749

### CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give acatest town)  TOWN  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (la this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN The drung Purple
HOSPITAL OR INSTITUTION OR 4802 Cellon Street	STREET ADDRESS 4802 (If thrate give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 19.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDWED, DISORCED, (Spin)	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. 12-12-1860 90 yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT  COUNTRY?  A
13. FATHER'S NAME Thomas Chopman	Mary Namey
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, p., or unknown) (If year, give war or dates of perfect of the perf	Family Fible
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  Antecedent cause(s)	RTIFICATION  Pheny fall  Interval Between Onset and Death
Diseases or conditions, if any, (h) giving rise to the above cause stating the underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	o of both hips
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	
alive on, 19, and that death occurred at SIGNATURE (Degree or title)	A.m., from the causes and on the date stated above.  ADDRESS  DATE SIGNED
M. D. NAME OF CEMETE	RY OB CREMATORY   LOCATION (City, town, or gounty) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	t Country Cashington DC
Feb. 1-51 Carrie F. Campbell	W. W. Chambers les 517-113 st. 88
	VVVVVV



# (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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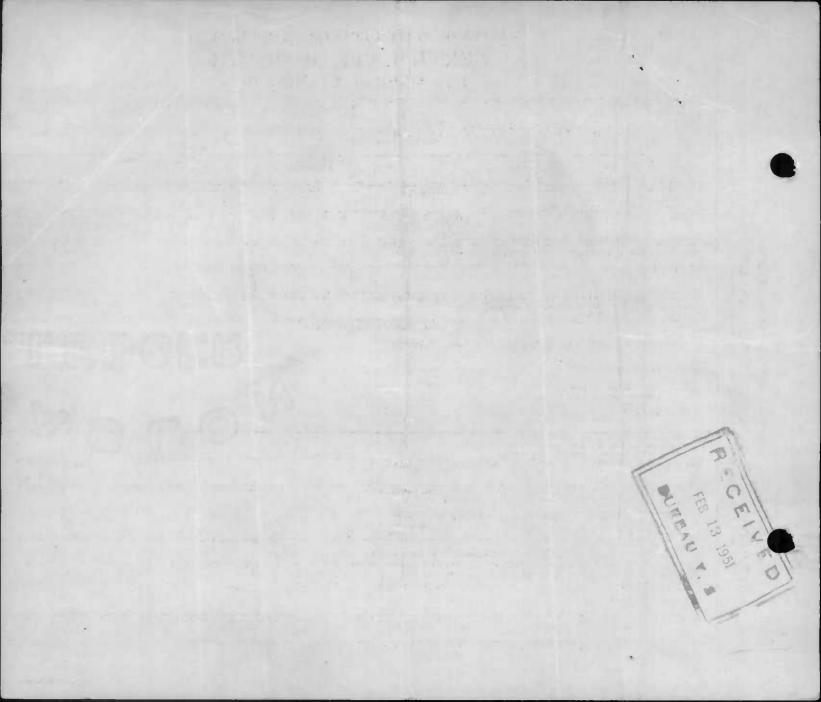
### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1750

Reg. Dist. No. 23/

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest to tall	CITY (If outsing corporate limits, with INVAL and give	Jungo
OR give near strough (In, this place)	TOWN Collect Park, W	A service to the service of the serv
HOSPITAL OR	STREET (IPrural, give ioogtiqui)	1
STREET ADDRESS ME GLOGIS Sin Hosp	ADDRESS 4603 Drigel (1)	oad
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) (Ma ) Then ()	uswell DEATH IL	19-5
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Or Market	6. DATE OF BIRTH 9. AGE last birthday If under Months Vrs.	Days   Hours   Min.
10a. UNOAL OCCUPATION (Give kind of work) 10b. RIND OF BUSINESS OR	LAV RIB'EHPLACE (State or foreign country) 1 12	CITIZEN OF WHAT
done during post of working life, even if retired) (NDUSTRY) Employ		Egunga?
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
16. WAS DECEASED EVEN IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	mrs. James W. Doras on	_
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Shock		
GILA	1	
Diseases or conditions, if any, (b)	renal disease	
giving rise to the above cause stating the underlying cause last	11 1 1 1	
(e) 2 nd + 310	done bymog body	
H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Mrt / lan. In - Chat	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	neams y mpugnature	20. AUTOPSY?
		Yes   No No
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY on CONTRIBUTING OF office bidg., etc.)	P 1 (CITY OR TOWN) (COUNTY)	(STATE)
PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOWADIDANJAKY OCCUR?	into, ma
OF INJURY 2 - 7 - 51 10.30 m. While at Not white work work	or bed clothing by ciscotte	rappytion
		5 min
22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said dec	eased died on the dry stated above, and death in my	from the evidence opinion resulted
from: natural causes [], accident 💢 suicide [], homicide [],		DATE SIGNED
SIGNATURE (Degree or title)	A / // X-	A 19
John Maloney M.D. Des M.d. Eron	Morely Hallsorth	THd -8-5,
23. BURIAL CREMATION PATE THEREOF NAME OF CEMETE REMOVAL (Specify) Feb 10, 1951 Ft Lincoln	old Cemetery Colmar Manor Mary.	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/9/51 Umanda Vouncy	F. Gasch's Sons Hyattsville Ma	ary Ind.
//		40 . 1



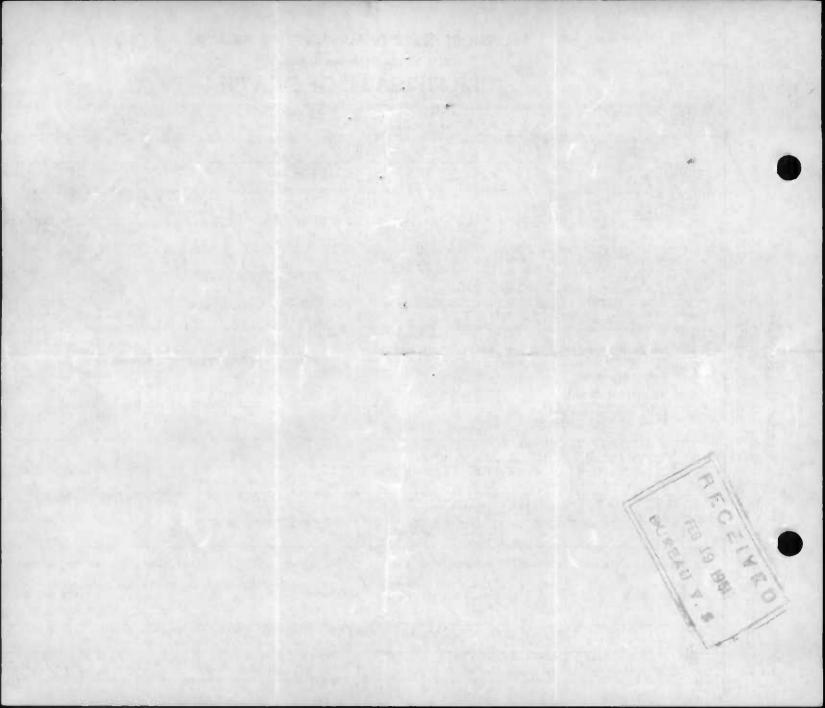
1751

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY Frence Leorges MARYLAND	2. USUAL RESIDENCE (HOME OF DECEASED STATE IN COUNTY)	
CITY (If putside corporate limits, write of RAL and LENGTH OF STAY OR give searest town) had Gip this place)	CITY (If outside corporate limits, write RUR) L and give OR TOWN Anham Manham	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED TULIA FARISH L	OWNES S A. DATE (Morth) 9,	(Day) (Year)
SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWELD, DIVORCED, (Specific Living)	8. DATE OF BIRTH 9. AGE last birthday If under I 9/20/18 4 9 yrs. Months	year   If under 24 hrs. Days   Hours   Min.
10a. USIAL OCCUPATION (Give kind of work dobb. Kind of Jusiness on done dring most of working life, even if retired) Labustry London	washington Il 9	CITIZEN OF WHAT
William F. Farish	marchles smith	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.  (Yes, no, or unknown)   (If yes, give year or dates of service)   16. SOCIAL SECURITY NO.	Richard & lownie Land	ennoud
18. MEDICAL CER	RTIFICATION	In the second se
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cardio Vos c	vla Revol Dezone	- 0.00 G PT + + 100 PT ++++ + + + + +++++++++++++++++++++
Antecedent cause(s) Diseases or conditions, if any, (b)	l'atenaclemen.	
giving rise to the above cause stating the underlying cause last		•• •• •• •• •• •• •• •• •• •• •• •• ••
(c) II. OTHER SIGNIFICANT CONDITIONS	1	
Conditions contributing to the death but not related to the disease or condition causing death.		
19a, DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-10	, 1934, to 2 9 , 1951, that I last sa	w the deceased
alive on 19. , 19. , and that death occurred at &	ADDRESS and on the date sta	ted above.
le tot lev H	RY OF CREMATORY LOCATION (City town or CNUMBER)	42-10-57
Burial (Specify) 2/12/1 NAME OF COMETER REMOVAL (Specify) 2/12/1 Whiteful	ld Cemetery Landon h	d
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG/11/57 Umanda Downey	I Lusers Some Hystler	alle nd
Carrie 3, ample	(.	The same of the same of

VS. A15



7S. A15

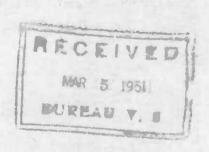
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

1752

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY	
Prince Georges MARYLAND	D. C.	-
OR give-pearest town   LENGTH OF STAY   LENGTH OF STAY   OR give-pearest town   Length OF STAY   Length OF S	CITY (If outside corporate limits, write RURAL and give OR TOWN Washington	nearest town)
HOSPITAL OR INSTITUTION OR Clara Dela Sanatarium	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	ADDRESS 35 Eye St., N. E.	V
3. NAME OF (First) (Middle)		(Day) (Year)
DECEASED (Type or Print) BERTHA	DUBOIS OF DEATH 2	23 1951
6. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated		year   If under 24 hrs. Days   Hours   Min.
Negro (Specify) Separated 10n. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or		CITIZEN OF WHAT
done during most of working life, even If retired)  Waltress  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired)  No. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired)  Sandwitch Shop	Brunswick, Va.	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Albert Brooks	Rosa ?	
15. WAS DECRASED EVER IN U.S. ABMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of Unknown	Decedent	
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
D 0	Tal Advanced	ONSET AND DEATH
Immediate cause (a) / uluonary (up	er Culosis, Far Advanced	7 mon.
Q(73X)		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause		O 40 04 00 T d 0 0 dal first y rejentency reports a reports 3 to 6 distance
stating the underlying cause last		
(e)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🔃
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	NOW DID INJURY OCCUR?	
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from 2/19	1951, to 2/23, 1951, that I last say	w the deceased
alive on 2/23 1951 and that death occurred at		
alive on 1931, and that death occurred at (Degree or title)	ADDRESS Clenn Dale Sanatorium	DATE SIGNED
Calditations of the calditation of the calditation of the caldinates of the calditation o		
X/anel her tenerane Mix.	Glenn Dale, Maryland	2/23/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. PUNERAL DIRECTOR	ADDRESS
REG. Jay Con Will Held	Action the add	704676
- ALL SACOOM	The state of the s	137 117
	389.04).	and NW



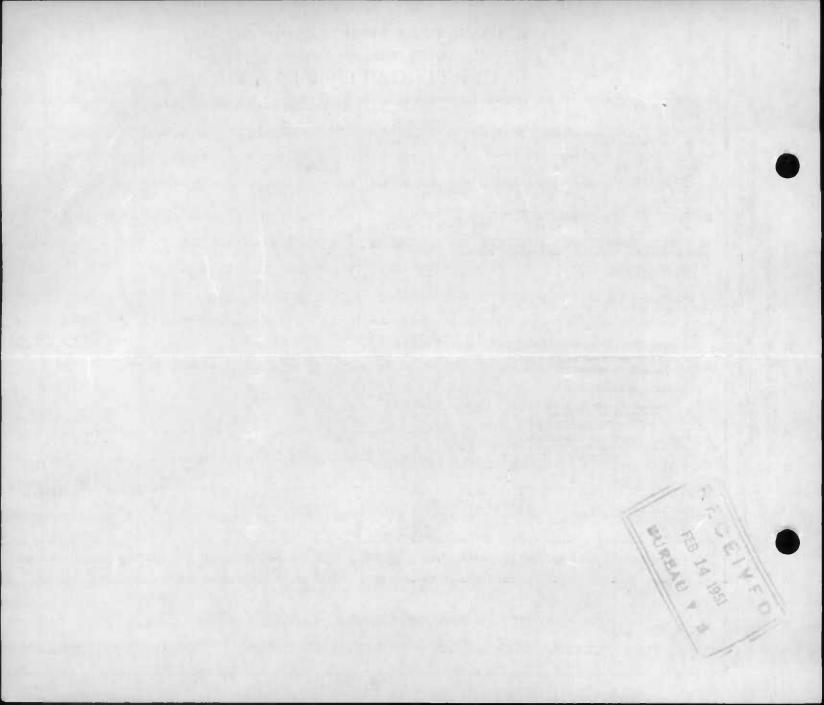
VS. A16

2411 N. Charles Street, Ballimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

COUNTY COUNTY	STATE COUNTY
MARYLAND	Mangland Proces Of The
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside porporate limits, write RURAL and give hearest town)
OR give nearest towell (in this piace) TOWN	TOWN Law I
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR	ADDRESS 0 -
STREET ADDRESS	1103 Management Sl
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yea
(Type or Print) Surfee John L	Wayer DEATH Pel. 6 19.
5. SEX   6. COLOR OR RACE   7/SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under 1, year   If under 24
M WIDOWED, DIVORCED, (Specify) manual	July 31 1884 66 yrs. Months. Days Hours M
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPEACE (State or foreign country)   12. CITIZEN OF WH
done during most of working life, even if retired) INDUSTRY	Manyland COUNTRY? US A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Paul Amaren	Relecca Lumer
15. WAS DECRASED EVER IN U.S. ARMED FORCES / 1 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If year, give war or dates of	mis march of the
	The margaret shraylu- Laurel has
18. MEDICAL CE	RTIFICATION INTERVAL BETWE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA
Mh l.	. el . i . (1)
Immediate cause (a)	squice Coremonic /a que
62x	sking -
Antecedent cause(s)	- MI O 10
Diseases or conditions, if any, (b)	p Co to same Visto
giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	marchetter 1040
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
	200 20101511
A A CONTRIBUTE OF THE PROPERTY	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	I HOW DID INJURY OCCUR?
OF While at Not While	
INJURY m.   Work   At work	
22. I hereby certify that I attended the deceased from 9-20.	, 19.37, to
22. I hereby certify that I attended the deceased from	, 1951, to, 1951, that I last saw the deceased
alive on 2/ , 195/, and that death occurred at 5	from the causes and on the date stated above/
SIGNATURE (Degree or title)	ADORESS Irom the causes and on the date stated above.
	1 1/11
W WINNIEW NIN	A BULLEVIUM 2181501
23. BURIAL CREMATION DATE   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
DATE DECID BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
LRIG C	24. FUNERAL DIRECTOR ADDRESS
TUTTO 1 1. Hashlars	Well Waraldean Laurel My
	180 50
	69000



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

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### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No. 9215

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	,
MARYLAND	U-yan	
CTY (If outside corporate limits, write RURAL and LENGTH OF STAY OR Use learest bown) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lland Memorial Hosp.	STREET ADDRESS 80 A . Inlandity	Homes 1
3. NAME OF DECEASED (First) (Middle) (Type or Print) Will The Mandell First)	(Last) 4. DATE (Month) OF DEATH Felt	(Dey) (Year) 20 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Oct. 16,1922 28 yrs. Months	l year   If under 24 hr Days   Hours   Min
done during most of working life, even if retired)  10b. Kind of Business on Industry		CITIZEN OF WHAT
13_EATHER'S NAME	14. MOTHER'S MAIDEN NAME topher	
16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes. no, or unknown)   (11 yes. give war or dates of service)	Frank Litzgelbons - H	island.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
I descenda 61	x dis-b	
Immediate cause (a)		**************************************
816.5 Antecedent cause(s)		
Diseases or conditions, if any, (h)	A	
stating the underlying cause last	$\sim DD$ .	
(c) Culomobile	ollision	1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🖼
21. EXTERNAL CAUSE WAS PRIMARY YOR CONTRIBUTING CAUSE OF DEATH.  OF office bidg., etc.)	College (City OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR! Collier on	etween
OF INJURY 2 - 20 - 51 2.30 m. While at work of at work of	automobile & trailer. truck	(Driver)
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decentrom: natural courses, accident suicide, homicide SIGNATURE (Degree or title)	used died on the day stated above, and death in my	from the evidence opinion resulted
John D. Malmer M. D. Den Mand Can	Charale Hastton le ven	12.20-51
23 RURIAL CREMATION VOATE/THEIREOV NAME OF CEMETE REMUSE OF SCHOOL 2/2/5/	RY OR CREMATORY LOCATION (City, town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	31-FUXERAL DIRECTOR Hyaller	ASDRESS /
Jely. 20 1951 Mrs. Jas, Devere Wejuty	I sales in in faction	



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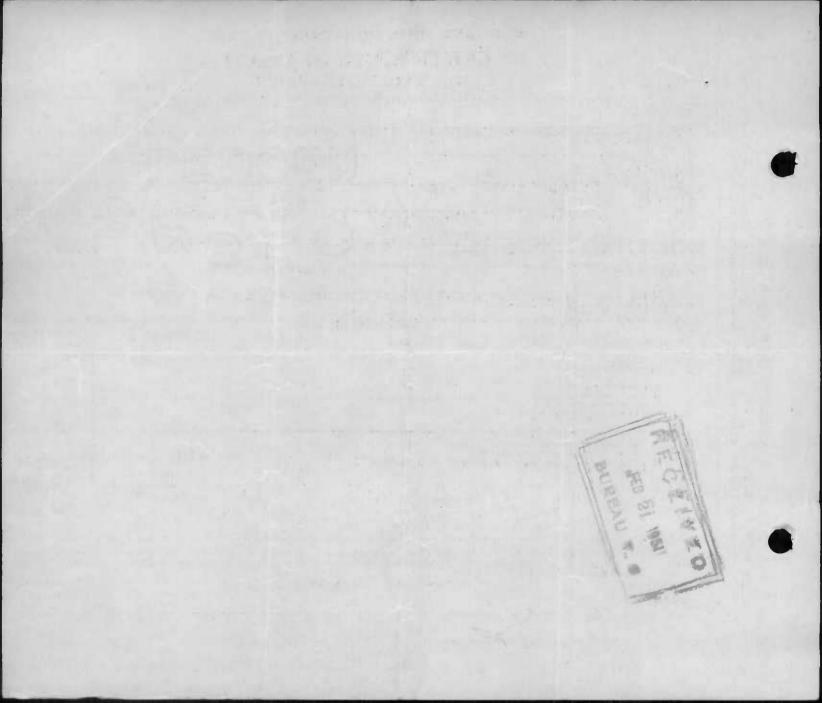
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### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

I. PLACE OF DEATH.	2. USUAL RESIDENCE CHOME) OF DECEASED COUNTY	7
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I WASHING IT TOUT	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	OR CITY (If outside corporate limits, write RURAL and go	e nearest town)
TOWN CHONTOWN I Dann	TOWN 4907. 3/ Sheet	
HOSPITAL OR INSTITUTION OR	ADDRESS (Il/rural, give location)	/
STREET ADDRESS mee general for	Sunwood M	1
3. NAME OF (Firms) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	DEATH 2-14	1907
5. SEX /)   6. COLOR OR RACE! 17. SINGLE, MARRIED!	8. DATE OF BIRTH   9. AGE last birthday   If under	
Male White ( WIDOWED, DIVORCED, (Specify) Marrie of	5-17-1880 70 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business on		. CITIZEN OF WHAT
done during most of working life, even if retired)   INDUSTRY	1/ 1	COUNTRY?
18/FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	1 0/
mymown	Transact Jones	
15. WAS DECRASED EVEN IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no. of unknown) (If yes, give war or dates of	(Jennes 7. (donner ( 11/	1
13 / 1-03-2/1-18. MEDICAL CEI	PTIPICATION	al.
1/	CHICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Sermenhase	or shop lo.	
1976× Immediate cause (a)	and designation of the order of the government of the contract	
Antecedent cause(s)		
Diseases or ennditions, if any, (b) What giving rise to the above cause	mand of Mad	
764 c giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No M
21. EXTERNAL CAUSE WAS PLACE (Hnme, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
PRIMARY FOR CONTRIBUTING OF office bids, etc.) CAUSE OF DEATH.	Langer Tropped 1/2 Co	mad
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOV DID INJURY OCCUR?	VVICI
OF INJURY 2 - 14-51.72.70 While at Not while at work W	Sell Healed	
	Delpaguero	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decea	utopsy Unspection & Inquiry & thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said deced	ased died on the dry stated above, and death in my	opinion resulted
from: natural causes , accident , suicide homicide ,	ADDRESS	DATE SIGNED
(1) 2 100 / (2)		A STATE OF THE STA
Folme. Maloney W. D. Dep. Med. Giland	a Cheverly thattentle mo	19-14.51
E3. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or count	ty) (State)
REMOVAL (Species 2/17/51 Cedar His	Il Cemethry Sutland	· ma
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE (D. 1. T.	24. FUNERAL DIRACTOR	ADDRESS
REG. Febry 16 1951 mo. fan Severe (Supply)	The oliving the	26-1
1/12 ( Umanda Douney 22	Harris moure	FI W
2/19/34 3200	- Thodk Island and m	11 P.
1 - 5%		- Leconor

57.545



1. PLACE OF DEATH:

How long in above place of death?..

How long in hospital or institution?

3. (a) FULL NAME

Years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Hospilal, institution, or street address where death occurred

Months

# Supply every item of information carefully. The crase write the causes of death clearly and legibly.

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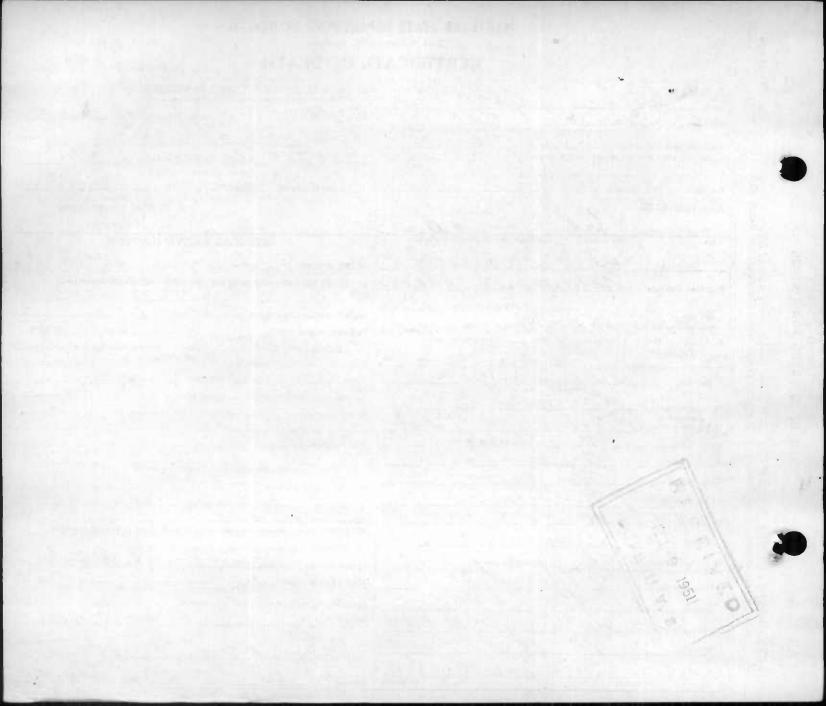
-	
bla	9. Birthplace Germany
ns:	Town jounty, and state
ciar	10. Usual occupation
ysicia	1. Pi Mari
of pales	11. Industry or business lessuraus
PH	12. Name Mushington
14:	3 13. Birthplace Thukmown
tai	to the sour
OC	14. Malden name limberow
importan	E 15. Birthpique 1 Continuous
. %	Nav H. Hagen
	16. interpret Carl
s especia	Address 47/9 Lumule Rd. 1
sp	17 Burial Dale thereof 2/10/5
is e	(Purial, cremation, or removal) Which?)
	Cemetery or crematory Allan Jaill
	1the d. and
T TAT A	Location Control Contr
ton,	18. Funeral directel - W. Chambers &
2	117 1180 OF OE al
	Address 3// // 5 St. Z. C
3	Feb 7 CI Carri & Canal
4	(Date ree'd by registrar)

(If outside city or town limits, write RURAL and give nearest town)

Days

.S.(c) If alive, give age .....

(1Coutside city Sireet No. 47/9		ner,	Col (
Street Russian Street	(If rurai, give LOCAT		
2.(a) If veteran, name war	Money		*************************
	3. (	b) Social Securi	y Number
		no	ue
MEI	DICAL CERTI	FICATION	,
20. DATE OF DEATH	L y	5	7.83
21. I CERTIFY that death occurred			
21.1 CENTIFY TOUT BEST BECUIFE	957		7 10
and that I last saw h. As. C. allvi		-00	18.4
Immediate cause of death	: UII		DURAZI
Brock	Duran	mun	0 17
and Carens	esu Coc	lusion	1 10
- Gener	-100AD	1111	But her her gall
-/-		A. A. W	leuly
deles		*************************	
vue 10	> * * * * * * * * * * * * * * * * * * *		••••••
Biher conditions	>======================================		
4201	00 = 00 00 00 00 00 00 00 00 00 00 00 00		***************************************
94a (Include pregni	ancy within 3 months	of death)	
Major findings of operations			
	,	Date of op	
Autopsy results 200-	el.	<b>4</b>	*****
PHYSICIAN: Please underline			ed statistically.
22. VIOLENCE: If death was du	fo external causes, fill	in the following:	ruce
	naca	Date of	
Accident, suicide, or homicide			(State)
Accident, suicide, or homicide Where did injury occur?	City or town)	(County)	
Accident, suicide, or homicide  Where did injury occur?			



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correct

The

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Prince Georges STATE COUNTY MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN Glenn Dale (in this place) OR yrs. 6 mos. TOWN Washington HOSPITAL OR INSTITUTION OR STREET (If rural, give location) and 14 days ADDRESS 421 L. St., N. W. STREET ADDRESS Glenn Dale Sanatorium A MES (Middle) 4. DATE 3. NAME OF (Last) (Month) (Day) (Year) DECEASED WELL 16 19 57 DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED 6. COLOR OR RACE 9. AGE last birthday | If under 1 year | If under 24 hrs 5. SEX 8. DATE OF BIRTH Months [ Days Hours | Min. Male Negro 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kied of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRYLUSA done during most of working life, even if retired)

F. W. A. CLEANER

13. FATHER'S NAME INDUSTRY Henderson, N. Carolina Unknown 14. MOTHER'S MAIDEN NAME Rebecca Hill Issac J. Howell 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of 21,0-03-0505 Decedent 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Pulmmary Tubh Eulosis Immediate cause 002 X Antecedent cause(s) Diseases or conditions, if any, (b) ... giving rise to the above cause stating the underlying cause last IL OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes D No D 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While Work At work INJURY 19.5/, that I last saw the deceased 22. I hereby certify that I attended the deceased from and that death occurred at .m., from the causes and on the date stated above. alive on..... ADDRESS enn Dale Sanatorium DATE SIGNED (Degree or title) SIGNATURE D. Glenn Dale, Maryland NAME OF CEMETERY OR CREMATORY LOCATION (City) town, or county) 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF (State) 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS 2/16

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WRITE

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

1758

FOR MEDI	ICAL EXAMINERS Reg. Dist. N	231
PLACE OF DEATH OF COUNTY WARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y
OR gie herrest twm  TOWN  LENGTH OF S  (in this pla	STAY CITY (If outside corporate limits, write RURAL and g OR TOWN Washington, I	(ve nearest town)
HOSPITAL OR INSTITUTION OR 4 310 - 946 th Street ADDRESS 4 310 - 946 th Street	STREET ADDRESS 3 2 26 Wallund	eft. n.w.
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED DIVORG (Specify)	ED. 4-23-01 49 yrs. Months	Days   Hours   Min
done during most of working life, even if retired)  10b. Kind or Business done during most of working life, even if retired)  10ccry.	ore Olussia,	2. CITIZEN OF WHA
13. FATHER'S NAME	14. MOTHER'S MAIDEN RAME  Trancio Shore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Joseph Apriem I Irol	ther.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Cal CERTIFICATION	INTERVAL BETWEE ONSET AND DEAT
Antecedent cause (a)  Antecedent cause (b) Disease or conditions, if any, giving rise to the shove cause stating the underlying cause last  (c)  (d)  (e)	ascular renal disease	20 00 10 00 00 00 00 00 00 00 00 00 00 00
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Mellitro	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERAT		Yes No No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. INJURY OCCURRED While at Not work at work		
22. I certify that I took charge of the remains described above, hel obtained by said Autopsy, Inspection or Inquiry, find that said from: natural causes X, accident suicide, homicie SIGNATURE (Degree or title)	de , undetermined .	DATE SIGNED
Removal (Specify) / 12 Feb 1951   Goldberg	Funeral Home Washington, D.C.	ADDRESS
REG 12/51 Umanda Douney	F. Gasch's Sons Hyattsvil	le, Md.



### 2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

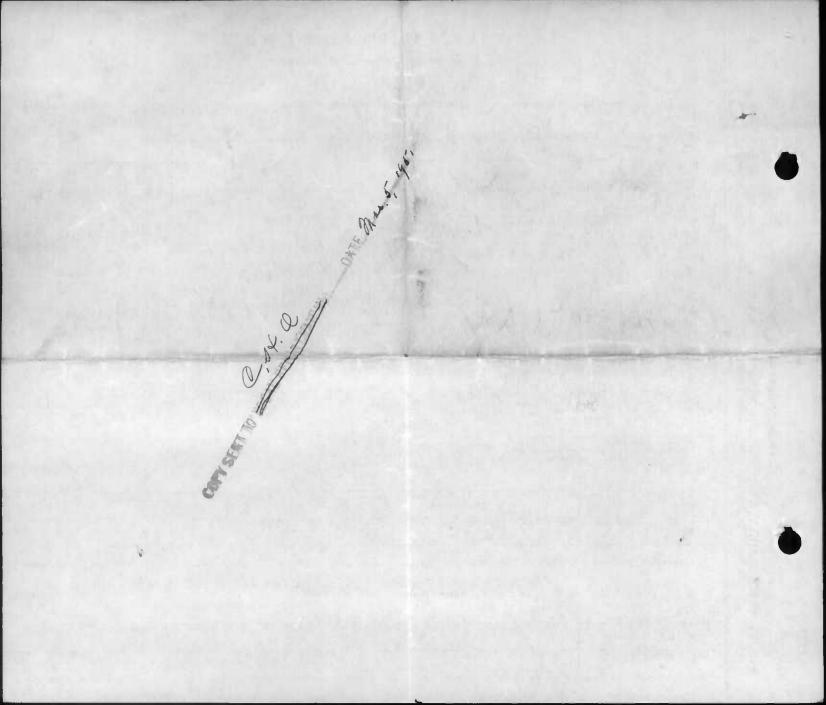
Reg. Dist. No. 242

N	
1. PLACE OF DEATHS COUNTY  MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY P
CITY (If outside corporate limits, write RUKAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN (in this place)	OR TOWN Annam
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Inwh Park	ADDRESS Frush Jank
3. NAME OF (First) (Middle)	(Lgst)   4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) ( and It Vlan )	whom DEATH Het 27 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Constitution of the constituti	S. DATE OF BIRTH  9. AGE last birthday   If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
The USUAL OCCUPATION (Give kind of work 1 10h KIND OF BUSINESS OF	11. BECTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Janham Ud COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hrank Ulund Jarkson.	I alda Sarah Vinne
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SQUAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or)unknown) (If yes, give war or dates of	Hund Jashon - Halhas
18, MEDICAL CE	RTIFICATION
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) le ny mutul de	chity (#108) Buth
1/30	
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause	101 - 101 -
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	
198. DATE OF OPERATION 190. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
ACCUPANT OF The ACT OF	Yes No E
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
	2/
22. I hereby certify that I attended the deceased from	, 195/., to
alive on 195, and that death occurred at 6	1. 10 A m from the courses and on the data stated shows
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Old st of hill men 4 le	Towned my 7/27/51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY   LOCATION (City, town, or county) (State)
	ver levele.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	
REG. 2 /2 2/51 Margaret L. Standler	24. FUNERAL DIRECTOR ADDRESS
REG. 2 /2 /51 Mongaret L. Standy	24. FUNERAL DIRECTOR ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

orrect age

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### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

490 W. Topes Funeral Home

FOR MEDICAL	LEXAMINERS	Reg. Dist. No.
1. PLACE OF DEATH; COUNTY COUNTY DECATE MARYLAND	2. USUAL RESIDENCE (HOME) OF	COUNTY P.
CITY (If outside corporate limits, write RVRAL and LENGTH OF STAY OR give/heafer) town) TOWN  CITY (If outside corporate limits, write RVRAL and LENGTH OF STAY OR give/heafer) town)	TOWN Selver It	vrita RURAL and give neares (town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 650 Branch Cu	STREET ADDRESS 3 6 50 P	rural, give location)
3. NAME OF (First) (Middle) DECEASED (Type or Print) Warshall Eleatronel	(Last) 4. DATI OF DEA	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWAD, DIVORGED, USPECIAL AND	about 1889 6	at birthday   If under I year   If under 24 hrs   Months   Days   Hours   Min.
done during most of working life, even if retired)  10b. Kind of Business on Inputry	II. BIRTHPLACE (State or foreign con	untry) I2. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Newson
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes. no. or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	Jones
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	•	ONSET AND DEATH
Immediate cause (a) Coronary (	Icolunion	**************************************
1310 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	ula panal	duran
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
91 DVTUDAVAL CANGD WAG		Yes No 🗓
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not while INJURY m,   work   at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decenfrom: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	ased dicd on the dry stated above, a undetermined	nd death in my opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
29 THIAL CITESTATION   DATE THEREOF   NAME OF CEMETE	forestolle h	~ 12-51
Taylor and The 17.110 11 Champer	4 / a lam	(City, towy, or county) (State)
RHG. 17.1951 REGISKIAR'S SIGNATURE	24. FUNERAL DIRECTOR	A Ranga Pulo Va

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

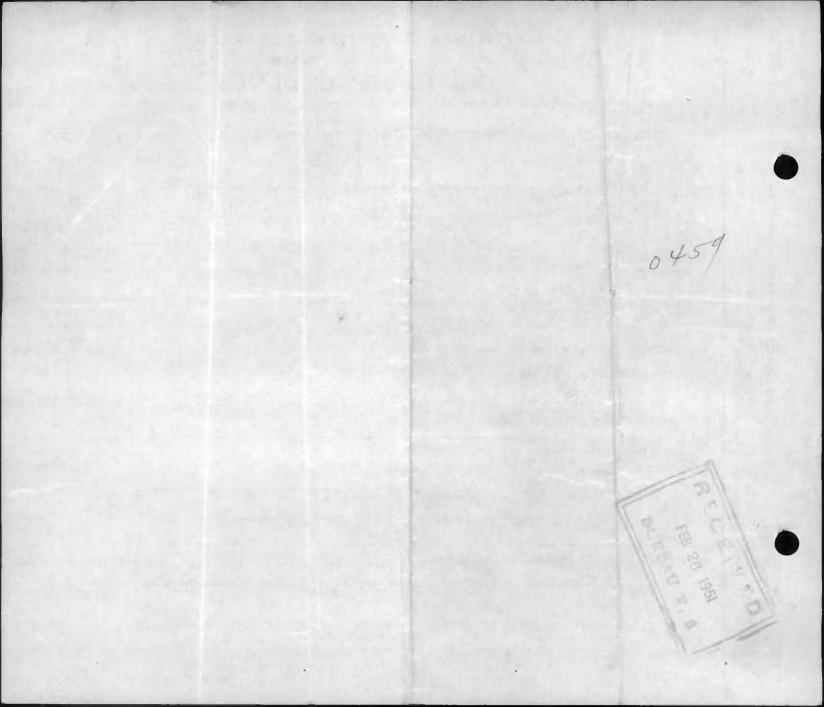


### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATI	H•		2. USUAL RESIDENCE (		
COUNTY	rince George's	MARYLAND	STATE Maryland	Prince Georges	County
CITY (If outside co	orporate limits, write RUR	AL and   LENGTH OF STAY	CITY (If outside corpor	rate limits, write RURAL and gi	
OR give negrent	enbelt Md	(in, this place)	TOWN Gree	enbelt Md	
HOSPITAL OR	enoert na	! U years	STREET	(If rural, give location)	
INSTITUTION OF			ADDRESS 1 G	Northway	
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Michael	.,	uliano	OF DEATH Feb 18.	1951- 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH		1 year   If under 24 hrs.   Days   Hours   Min.
male	ATION (Give kind of work	10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State	7 1 1	2. CITIZEN OF WHAT
done during most of w	vorking life, even if retired)	Industry arber Shop	New York	or foreign country)	COUNTRY?
Barbe 13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	-
	vton Juliano		Filomena	?	
	VER IN U.S. ARMED FORCES	17   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates service) NO	of 577/18-5574	Pauline Juliar	nno Greenbelt Md.	
		18. MEDICAL CE	RTIFICATION		
I DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH .			INTERVAL BETWEEN ONSET AND DEATH
I. DESERGES ON O	MDITIONS DINECTOR		10 0 10	1-70 20 -+ T	2 144
Immediat	0 00000 (8)	Carcinama	, of calon	with new assesses	1 2 1/20-
153× Inimicular	c cause (-,				
	nt cause(s)			(	
Diseases or conditions, if any, (b)					
460 giving rise to the above cause ast Olla stating the underlying cause last					
	(e)	carcinomo a	Coun; hep	alic melaslesa.	
II. OTHER SIGNIFI	CANT CONDITIONS	У			
Conditions contribu	ating to the death but not se or condition causing deat	th.			
		FINDINGS OF OPERATION			20. AUTOPSY?
	11000	noma of Cal	ans.		Ven C No C
21. ACCIDENT			: (CITY OR	TOWN) (COUNTY	Yes No (STATE)
SUICIDE HOMICIDE	OF INJ	CE (Home, farm, Actory, street, office hidg., etc.)			, (SIRIL)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCUR?					
OF INJURY	m.	While at Not While Work At work			
22. I hereby certify that I attended the deceased from Feld. 6., 195/, to Teld. 195/, that I last saw the deceased					
alive on Feb. 18, 1951, and that death occurred at 7:15 P. m., from the causes and on the date stated above.					
SIGNATURE: ADDRESS / DATE SIGNED					
Nu	Clian Q	. Self. MA.	Greenbel	t mid.	el-14, 1451
23. BURIAL, CREM	ATION   DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or coun	ity) (State)
REMOVAL (Spec	业 2/21/51	A Mt Olivet C	emetery	Washington D. C.	
DATE REC'D BY	LOCAL ENGISTRARIS	SIGNATURE	F. Gasch's so		ADDRESS
04/01/5	1 Only		1. 000011.0 00	· · · · · · · · · · · · · · · · · · ·	
	1010	- 10 Smen			14084 4



### CERTIFICATE OF DEATH

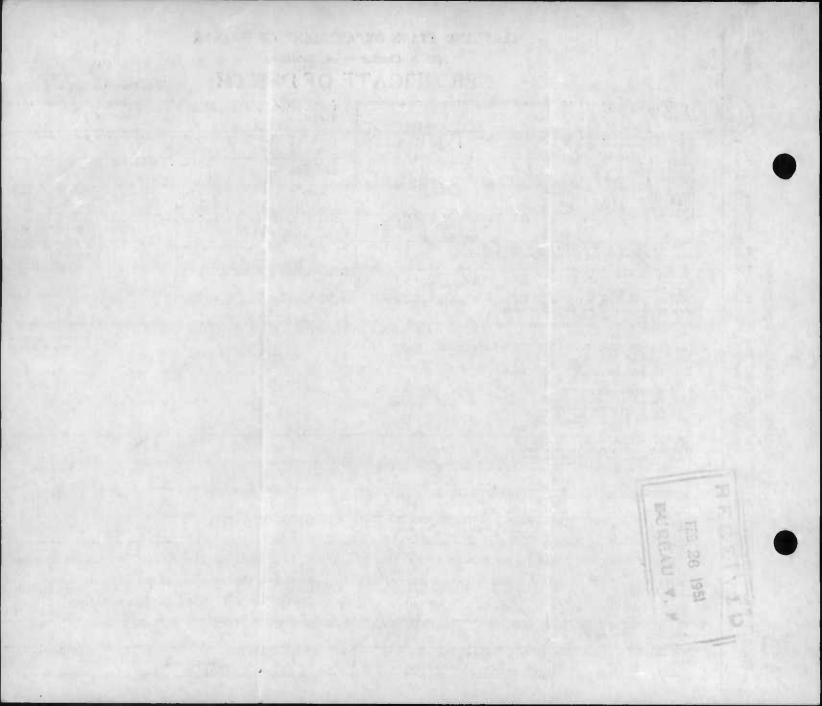
1762

	neg. Dist. No@q. A
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND MARYLAND	maryland on des
CITY (If outside corporate limits, write RURAL and OR (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Ruerdale
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Price Seo & Sen. Chapital	ADDRESS 5412 56th Place
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) Baby Neuman	imbrough IN DEATH Ret. 23 1951
6. SEX 6 COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs.
(Specify)	July 22, 1950 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	A. BINTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	maritable was DC 4.J.H
13. FATHER'S NAME Wimen & in the search )	14. MOTHER'S MAJOEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANZ AND ADDRESS
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONGET AND DEATH
Immediate cause (a) Broncho preumon	
Antecedent cause(s) Diseases or conditions, if any, (b) Cleft Pallate.	
giving rise to the above cause	
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
OF INJURY  m. While at Not While Not Work At work	
22. I hereby certify that I attended the deceased from Fub. 2.	1 .07 . 71/2 23 .0 54
0 1	, 19, to
alive on 716.23, 1957, and that death occurred at	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
John W. Tulows, M.D. 5.	301 Hamulton St., Cloque Heights Med 25, 199
23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)
FMOTAL (Shorth):   n /- n / 10 C /	ess. & Montooner als
DATE REO'D BY LOCAL   MAGISTRAR'S SIGNATURE	24. AUNERAL DERECTOR ADDRESS
REG2/23/51 Umanda Dauney	1 Milliam Dela Nova Co
	13. 11 8 11 110
20 7220231405	1 300 - 7 - St 1.6 Mish Of

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

sorrect age

VS. A15



VS. A15

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 246

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	7
CITY (It musice corposate finits, white RURAL and OR gwonearest town)  TOWN  MARYLAND  LENGTH OF STAY  in this place)	CITY (Houtside corporate limits, write RURAL and giv	e nearest town
TOWN worder Column	TOWN Januarea ; Long to	sland -
HOSPITAL OR INSTITUTION OR Seland Memoral Hosp-	ADDRESS 143 - 14 - 91 (If rural, give losation)	e - 1
3. NAME OF (First) (Middle) DECEASED (Type or Print) Watty Spunn /	dem   4. DATE (Mosth) OF DEATH Feb - 1	(Day) (Year)
6. COLOR OR RACE 7. SINGLE DEWORKED DEWORKED (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under Months yra.	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NDUSTRY  NDUSTRY		CITIZEN OF WHAT
May Janun	Bertha spring	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II yes, give war or dates of service)	HOSpital Neords	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	as a Poch	ONSET AND DEATH
816 Immediate cause	1 4	***************************************
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	reste "	00 00 00 00 as a sparred a green and a
(e) II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, afreet,	(COUNTY)	Yes No 🗆
SUICIDE L'EU dint OF office bidg., ct. Truck	Pervendale - In Seo.	mod!
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCURRED While at Not While At work	Collided with enother out	instituti
22. I hereby certify that I attended the deceased from	, 19, to that I last s	aw the deceased
alive on, 19, and that death occurred at	ADDRESS	ated above. DATE SIGNED
ES BORIAL CREMATION DATE THEREOF INAME OF CEMETE	Chevely Hyaltoville, Wol-	7-1-51. (State)
transportation 2728 pt 2 pt Pressan	of Cemely Oleacontrollo	my,
THEE 1967 LAWY HEVEL	Laschesone Hyalton	RESS
Burial Date: 2/4/51	A.	And the second second second second second second second



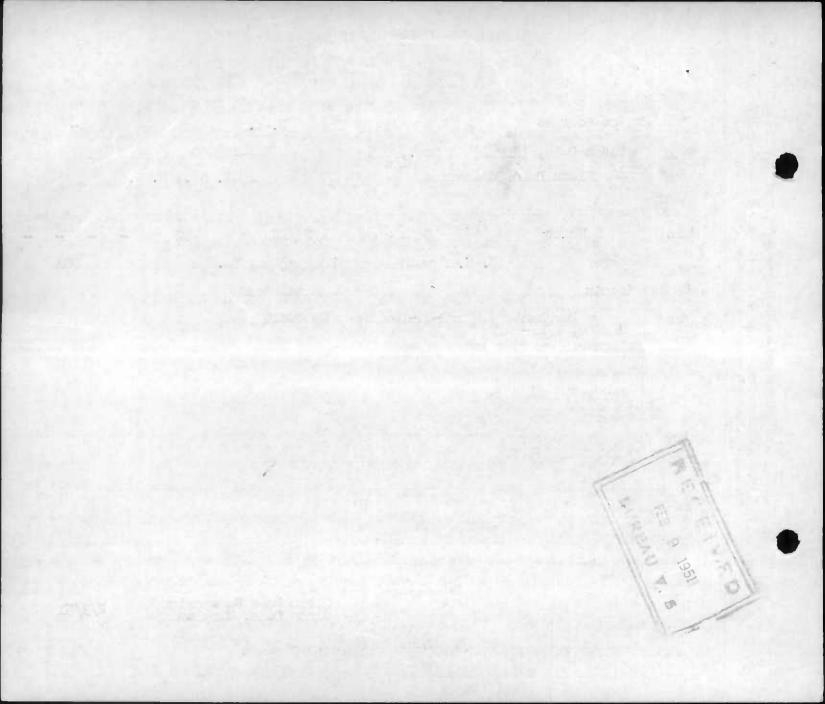
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY	7
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
Town Glenn Dale, (Rural) 11 mos. & 5 HOSPITAL OR days	TOWN Washington STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	ADDRESS 125 E. St., N. W.	<b>V</b>
3. NAME OF (First) (Middle) DECEASED (Type or Print) DANIEL A. Ko	(Last) 4. DATE (Month) OF OF Z	(Day) (Year) 3 19 51
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   If under	1 year  If under 24 hra.
Male White WIDOWED, DIVORCED, (Specify) Separated	1/27/1899 52 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Plasterer  10b. Kind of Business of Industry Lasterer  J. H. Bowman	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	UDA
Reuben Koontz	Amanda Good	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	Amanda Good 17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of Yes   579-05-1056	Decedent	
Marine, 1917-1919 18. MEDICAL CE	RTIFICATION	T
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BUTWEEN ONSET AND DEATE
Immediate cause (a) pulmonar	, tuberculosis	4400.
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		James and the second
related to the disease or condition causing death.		1 20 AUTODGV9
related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No 🗹
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	(CITY OR TOWN) (COUNTY)	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY   TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes No 🗹
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY		Yes No 🗹
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY   TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While	HOW DID INJURY OCCUR?	Yes No (STATE)
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY   INJURY OCCURRED   While at Not While   Not While   Not Work   At work   22. I hereby certify that I attended the deceased from	How DID INJURY OCCUR?  7, 19.50, to 2-3, 19.51, that I last so 45.45. m., from the causes and on the date sta	Yes No W (STATE)  aw the deceased ated above.
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   21. ACCIDENT SUICIDE OF Office bidg., etc.)   PLACE (Home, farm, factory, street, OF Office bidg., etc.)   INJURY   TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF While at Not While Not While Work At work   22. I hereby certify that I attended the deceased from 9-24	How DID INJURY OCCUR?  7, 19.50, to 2-3, 19.51, that I last so 45.2 m., from the causes and on the date sta	Yes No M (STATE)
19a. DATE OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  SUICIDE (NonICIDE INJURY)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from 9-24  alive on 2-3, 19.51, and that death occurred at 7.  SIGNATURE: (Degree or title)	How DID INJURY OCCUR?  7, 19.50, to 2-3, 19.51, that I last so 45.4 m., from the causes and on the date sta ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland	Yes No W (STATE)  aw the deceased ated above. DATE SIGNED
19a. DATE OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  SUICIDE (NonICIDE INJURY)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from 9-24  alive on 2-3, 19.51, and that death occurred at 7.  SIGNATURE: (Degree or title)	How DID INJURY OCCUR?  7, 19.50, to 2-3, 19.51, that I last so 45.2 m., from the causes and on the date sta	Yes No W (STATE)  aw the deceased ated above. DATE SIGNED
19a. DATE OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  19b. MAJOR FINDINGS OF OPERATION  PLACE (Home, farm, factory, street, OF office bidg., etc.)  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Home, farm, factory, street, OF office bidg., etc.)  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Home, farm, factory, street, OF office bidg., etc.)  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Home, farm, factory, street, OF office bidg., etc.)  19b. MAJOR FINDINGS OF OPERATION  22. I hereby certify that I attended the deceased from	How DID INJURY OCCUR?  7, 19.50, to 2-3, 19.51, that I last so 45.2 m., from the causes and on the date standard Clenn Dale Sanatorium Glenn Dale, Maryland Clent Dale, Maryland Clent County of Cou	Yes No W (STATE)  aw the deceased ated above. DATE SIGNED
19a. DATE OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  19b. MAJOR FINDINGS OF OPERATION  PLACE (Home, farm, factory, street, OF office bidg., etc.)  19b. MAJOR FINDINGS OF OPERATION  OF office bidg., etc.)  19b. MAJOR FINDINGS OF OPERATION  INJURY  21. BURNAL (Month) (Day) (Year) (Hour) INJURY OCCURRED  While at Not While  Work At work  22. I hereby certify that I attended the deceased from 9-24  alive on 9-24  SIGNATURE (Degree or title)  23. BURNAL, OREMATION DATE THEREOF NAME OF CEMETER  REMOVAL (Specify) DATE THEREOF NAME OF CEMETER  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	How DID INJURY OCCUR?  7, 19.50, to 2-3, 19.51, that I last so 45.4 m., from the causes and on the date standard Glenn Dale Sanatorium Glenn Dale, Maryland RY OR CREMATORY LOCATION (City, town, or count Myallo rele	Yes No W (STATE)  aw the deceased ated above. DATE SIGNED (2/3/51  y) (State)



# MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

# VS. A15A

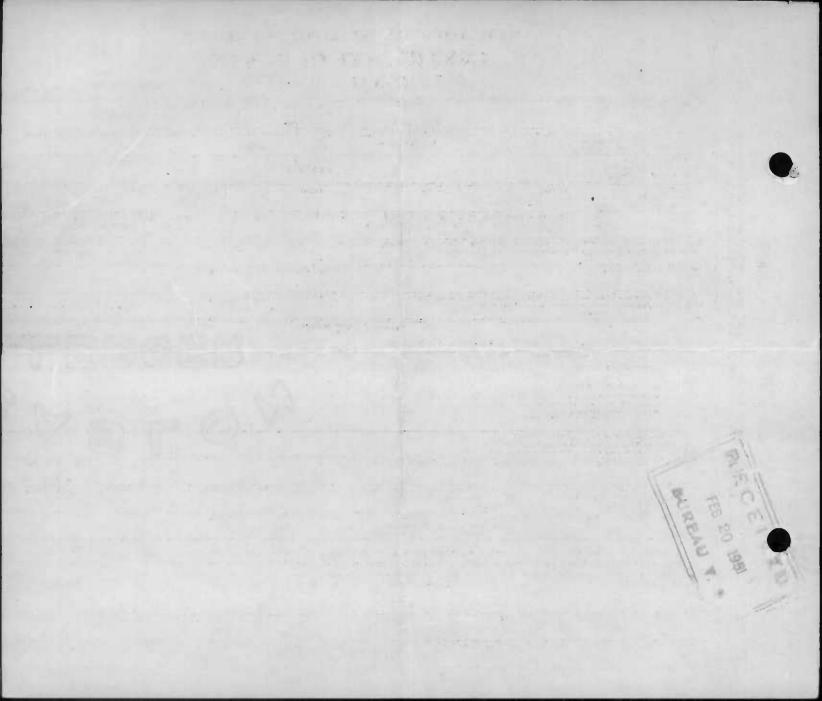
### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1765

eg. Dist. No. 23/

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland Prince NT	Yorge
OTTY (If outside corporate Units, write RURAL and   LENGTH OF STAY		9
OR give learest town TOWN Land OR Grant OF STAY	CITY (If outside corporate limits, write RURAL and giver of the Corporate limits and giver	ve nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Warrens Hospital	ADDRESS Baltimore Ave.	
3. NAME OF (First) (Middle) DECEASED (Type or Frint) Gillis A. Lewis	(Last) 4. DATE (Month) OF Feb	14 1951 <sub>19</sub>
6. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under Months Worths	1 year   If under 24 hrs   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most, of working life, even if retired) Tuto mechnic	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Luther L Lewis	Emma B. Henderson	
15. WAS DECRASED EVEN IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No. (15 yes, give windown) 5 78-10-9431	Richard H. Lewis 431 6th st.,	Wash., D2C.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
0.1.1		
Immediate cause (a) Urella Con	pression	
331× Antecedent cause(s)		
Diseases or conditions, if any, (b) Inda Chan	al /www.ovhage	
83a giving rise to the above cause stating the underlying cause last		
(r) John perlemans	n	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes W. No 🗆
21. EXTERNAL CAUSE WAS PRIMARY GRONTRIBUTING COF office bldg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m, at work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described abave, held an a obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural couses , accident , suicide , homicide , SIGNATURE (Degree or title)	Autopsy Inspection Inquiry therean and eased died on the day stated above, and death in my undetermined	from the evidence opinion resulted  DATE SIGNED
21. BURIAL, CREMATION   DATE/HIEROF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or coun	2-15:51
Emoval (Sperity) 2/16/51 Halifas	Cristofa. Halist at	Na (State)
DATE REC'D BY LOCAL REGISTRAR'S GNATURE	24. FUNERAL DIRECTOR	TARDRESS



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The correct age

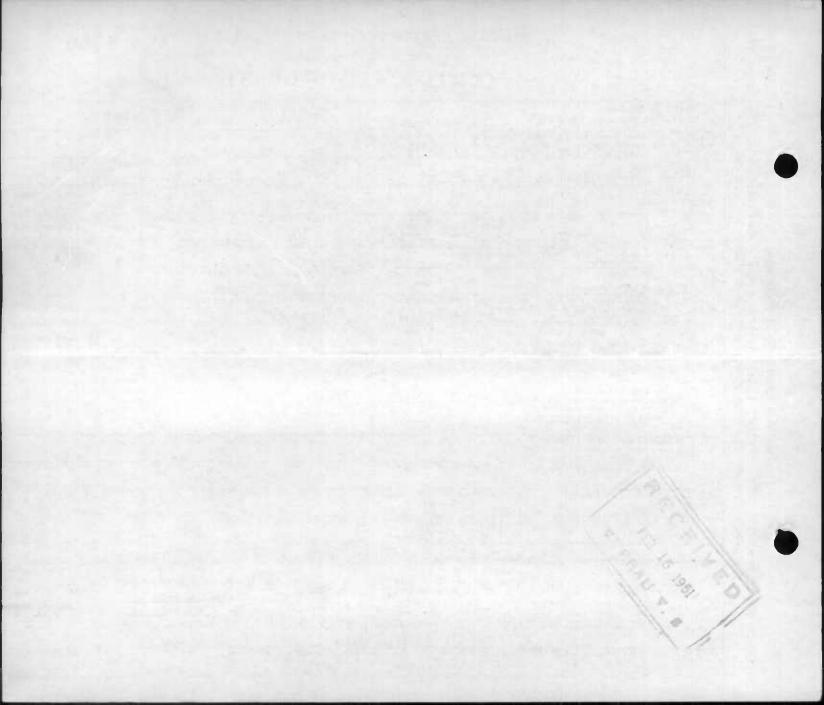
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

1765 Reg. Dist. No. 243

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Prince Georges MARYLAND	STATE D.C. COUNTY	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town OR	)
TOWN Glenn Dale (Rural) 2 mo. s 6	Town Washington	
HOSPITAL OR INSTITUTION OR GROUP COMMENTS	STREET (If rural, give location)	-
STREET ADDRESS Glenn Dale Sanatorium	476- E. St., S.W.	_ /
3. NAME OF (First) (Middle) DECEASED AT CALL	(Last) 4. DATE (Month) (Day) (	(Year)
(Type or Print)	DEATH Z	1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under   Months   Days   Hours	r 24 hrs.
remate   Negro   (specify) married	5/9/10 3/1 ym. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF COUNTRY?	WHAT
Housework -	Martinburg, Md. Country? 14. MOTHER'S MAIDEN NAME	
Robert Thompson 15. Was Decrased Ever in U.S. Armed Forces?   16. Social Security No.	Flla Richardson 17. INFORMANT AND ADDRESS	
(Yes, no, or unknown)   (If yes, give war or dates of		
10 (111)	Decedent	
18. MEDICAL CE	RTIFICATION INTERVAL BE	TWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONGER AND	
Immediate cause (a) Julimonar	y Tuberculsis sys 6	mos
Titinious course		
Antecedent cause(s) Diseases or conditions if any. (b)		
12 glying rise to the above cause	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION	20. AUTOPS	3Y?
	Yes 🗆	No 🕝
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR!	
INJURY m. Work At work		
12/1	, 19.50, to 2/7, 19.51, that I last saw the dece	
22. I hereby certify that I attended the deceased from	19, to, 19, that I last saw the dece	ased
alive on 195, and that death occurred at	// 33am., from the causes and on the date stated above.	
SIGNATURE (Degree or title)	ADDRESS Glenn Dale Sanatorium DATE SIG.	NED
Alaria Production M.D.,	Glenn Dale, Maryland 2/7/51	
Marie At I have the	RY OR CREMATORY   LOCATION (Gity, town, or county) (Sta	
	unbia horque Washing for D.C.	- 00)
DATE REC'D, BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS	
REGY(7/51) West west	Haniel her I mucano M.D. Allen	Dull



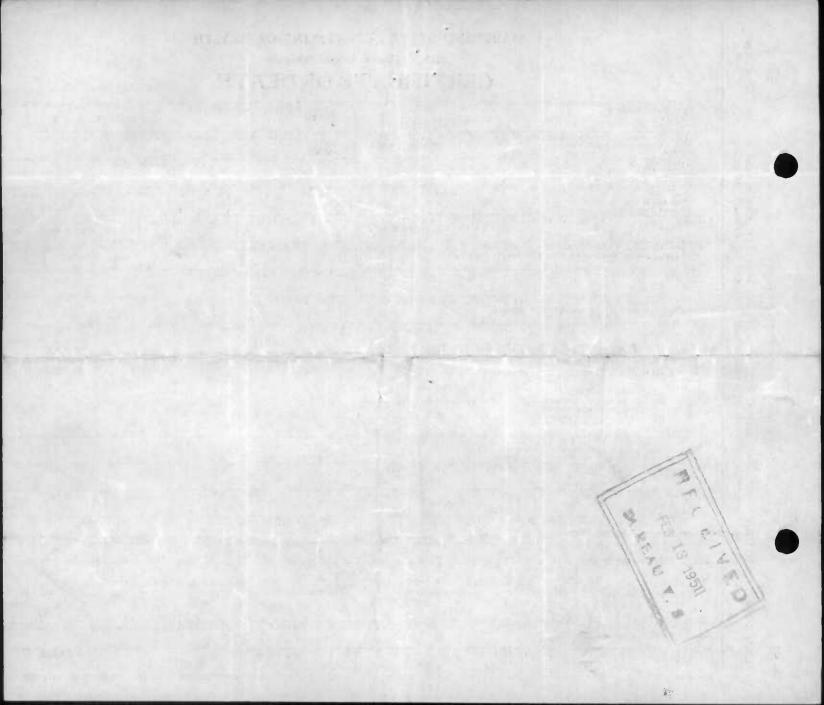
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

176 Reg. Dist. No. 23/

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND	many Jand County, Jengal
OR give nearest lown) / With RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN horonly ma, 6 days	TOWN Hyalls relle. Mary land
HOSPITAL OR	STREET // (If rupal, give location)
INSTITUTION OR STREET ADDRESS Frince Georges Jev, Hosp	ADDRESS/213 Ogle thiere Street
3. NAME OF (First) / (Middle)	
DECEASED (Type or Print) Placence	OF 21
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	DEATH   DEATH   19. AGE last birthday   If under/I year   If und
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Quly 4, 1873 77 yrs. Months Days Hours Min.
10s. SUAL OCCUPATION (Give kind of work done during most of working life, even if retired) limustry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	July - 1200 a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Basil smith	unknown
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give yar or dates of hervice)	Writer Lille Stablyren pa
18. MEDICAL CEI	RTIFICATION // LOST
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)_Colonoy/	bromboses (day
420 1 1 2 2 2 2 2 1	100
7 Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause	**************************************
stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes \( \tau \) No \( \tau \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
1 - 0	P
22. I hereby certify that I attended the deceased from.	195 1, to 2 195, that I last saw the deceased
0-9-51.	
alive on	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
John V. ( (4m m.) 611	0 43 man dra Vina 1/1 / 2.9.51
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER PRINCIPLE ST. John's Communication of the second statement of the second st	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. TRothe Amonde however	F. Gasch's Sons Hyattsville Maryland.
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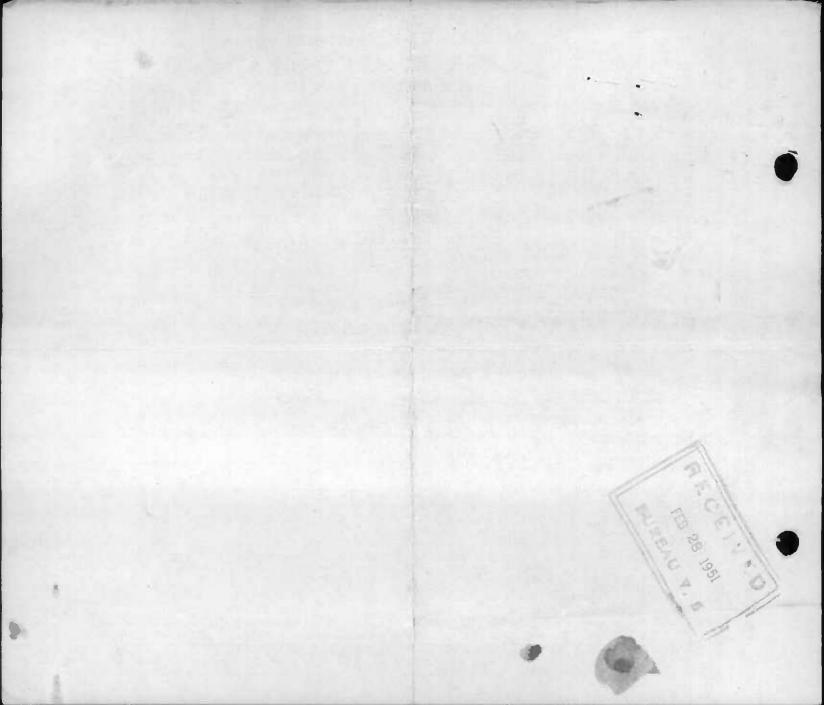
### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No..

	405	
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
Thank (senger MARYLAND	STATE Manyland County	LONGLO
FITY (If outside corporate limits, write RURAL and   LENGTH, OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearcat towo)
TOWN (ip this place)	TOWN Rogero Deschto	
HOSPITAL OR	STREET (If ru al giva le ation)	1
STREET ADDRESS Leland Memorial Hosp	ADDRESS 5505-Gallating	1.
2 NAME OF (Pina)	(Last)   A. DATE (Mooth)	(Day) (Year)
DECEASED (, / Wordman)	V 10 - OF	0 1-
6. SEX / 6. COLOR/OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last hirthday   II uoder	vear III undar 24 hrs.
White WIDOWED, DIVORCED, (Specify) Was desired	7-19-1860 84 yrs. Months	Days Hours Min.
done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	10/1	CITIZEN OF WHAT
done during make of working me, even it retired) INDUSTRI	I de you state	CANTES!
I3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
andrew Locke	unknown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, oo, or uokoown)   (If yes, give war or dates of	17. INFORMANT	A
service)	Mr. Harley - Son - in	-law
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	V	INTERVAL BETWEEN ONSET AND DEATH
$\Omega$	1	. /
Immediate cause (a) Immediate cause	y edisma	I /wo
Antecedent cause(s)	11.	. /
Diseases or conditions, if any, (b)	chisian	2 mo
giving rise to the above cause stating the underlying cause last	, , , , , ,	
(a) An Aracin and	tie breast divence	1
II. OTHER SIGNIFICANT CONDITIONS	and the second	1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes \ No X
21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etc.)		,
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not while work  at work		
22. I certify that I took charge of the remains described above, held an A		
obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes ⋈, accident □, suicide □, homicide □,	undetermined	opinian resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
(11 - 10) " 10 40 10	01 11 11 11 11	1
John Maloney M. D. Dep. Med. Warn	Cheverly Hyallsville, W	d 2-25-51
PEMOVAL (Fronty)	OR CHEMATORY / LOCATION City, town, or count	y) (State)
transportation 1/26/01	and ohis	
DATE/REC'D BY LOCAL VECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS)
fet to 1951 James sever	+ /saccha sons / Fyerres	rece in
		has

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## CERTIFICATE OF DEATH

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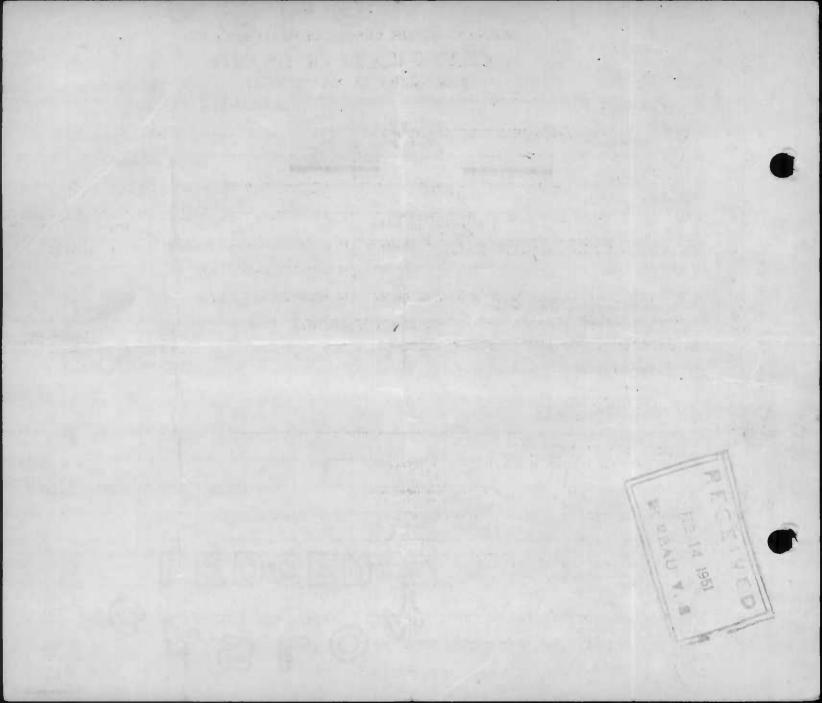
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FOR MEDICAL	EXAMINERS	Reg. Dist. No.
CITY (If outside control timits write RURAL and LENGTH OF STAY (In this place)	2. USUAL RESIDENCE (HOME) OF D STATE CITY (If ourside corporate limits, with	COUNTY CO.
TOWN A attended Gypero Hospital OR INSTITUTION OR STREET ADDRESS 4/14- Emerson St.,	TOWN Tyattanil	I, give location)
3. NAME OF DECEASED (First) Validdie) (Type or Print)	(Last) 4. DATE OF DEATH	(Month) (Day) (Year)
S. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WACOUSE	Sun 6.187 7 9	yrs.   Months   Days   Hours   Min
10a. USUAL OCCUPATION (Give kind of work done suring speed of working life, even if refresh thousand 13. FATHER'S NAME	AN BIRTHPLACE (State or foreign counts  White Property of the state of	GOUNTRY?
Stutch of John CK.  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	Horn
(Yes, no, or unknown) (If yes, give war or dates of service)	Margaret Lydic	K Daughterink
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1 11	INTERVAL BETWEEN ONSET AND DEAT
Immediate cause  4//×  Antecedenl cause(s)  Disease or conditions, if any, giving rise to the above cause	sure man fail	
stating the underlying cause last (c) The same disc	: heart diseas	4
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes , accident , suicide , homicide	ased died on the dry stated above, and	thereon and from the evidence death in my opinion resulted
SIGNATURE (Degree or title)	ADDRESS Chareles that the	DATE SIGNED
28. BURIAL CREMATION DATE THEREOF NAME OF CEMETE Transportation 2/12/51 Indiana		vity, town, or founty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	F. Gasch's Sons Hyatts	ADDRESS

PLÉASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

The correct age



2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

1 4 6 11

1. PLACE OF DEATH. COUNTY Trull, JESTSE MARYLAND	USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside/corporate dindta, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write KURAI and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart flow.	ADDRESS Washing Con Welling
3. NAME OF (First) (Middle) (Middle) (Type or Brint) (Martinga (Middle)	Maker Jean (Year)  OF DEATH Jel. 2 195/
5. SEX. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs.  Jeb 18/18/8 9. AGE last hirthday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work / 10b. Kind of Business or done during most of working life, even if retired INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Hart.	Trancisco Janes.
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	Sacred Heart Home.
18. MEDICAL CER	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH -	INTERVAL BETWEEN ONSET AND DEATH
1/1/11/11	MILLER WILL.
Immediate cause (a)	Max May May
22,2	-1 1
Antecedent cause(s)	My Bulke Blean Of
Diseases or conditions, if any, (b) giving rise to the above cause	
stating the underlying cause last	- / / /
(c) - (MU)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
NUIT	9 4 ONAN 17
22. I hereby certify that I attended the deceased from	1.170
alive on	from the causes and on the date stated above.
SIGNATURE (Degree or titlo)	ADDRESS   DATE SIGNED
Allessen Mosely 1 Has	22. W/ Con len 181-10/2
AS PUDIAN OPENATION   PART OF THE PROPERTY OF COLUMN	AN COL CONTRACTOR AND COLUMN AND
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 7/23/5/ MAME OF CEMETER OF COLUMN SPECIFICATION OF COLUMN	Joenes Mashington wite
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
JEGSU 1917 James Severs	W. W. tallavullacit 14 mg

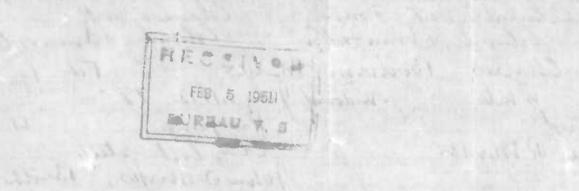


MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECHASED COUNTY
CITY (Foutside corporate Whits, write RURAL and LENGTH OF STAY OR ovenessed town)  OR two nearest town)	CITY (If outside forporate mits, write RURAL and rive nearest town)
	OR TOWN Columbia Cark -
HOSPITAL OR INSTITUTION OR	STREET ADDRESS Columbia & June (If rural, glv) ocation)
STREET ADDRESS Plumba 9 4 mm Prilling  3. NAME OF (Figst) (Middle)	
3. NAME OF (First) (Middle) DECEASED (Type or Print) (Man Le) OF (Middle) DeceaseD (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH
5. SEX A   6. COLOR OR RACE   7. SINGLE, MARRIED.	DATE OF BIRTH   9. AGE last hirthday   If under 1 year   If under 24 hr
Male White WIDOWED, DIVORCED, (Specify) Wadowick	July 1,1872 78 yrs. Months Days Hours Min.
10a. USCAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
13. FATAER'S NAME	14. MOTHER'S MAIDEN NAME
Charles R. Marks	Elmoleth Steele
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	13 INFORMANT AND ADDRESS
service)   18. MEDICAL CE	John J. Mans, Josepher
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
	ONSET AND DEATH
Immediate cause (a) In cute con-	gestere man fortune
Antecedent cause(s)	And all all and and
Diseases or conditions, if any, giving rise to the above cause last the underlying cause last	AND S.
stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	Yes No C  (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While	HOW DID INJURY OCCUR?
INJURY m.   Work   At work	
22. I hereby certify that I attended the deceased from.	, 19 , to , 19 , that I last saw the deceased
alive on, 19, and that death occurred at	le- 0 2 m from the causes and on the data stated shows
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
John Molanes M. D. Dan Med Gram C	heverly- Hightspille not- 2-1-51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
much a solution of	all Dutland, ma
DATE REG D BY LOCAL RECESTRAR'S SIGNATURE REG 2/2/5/	Juneth Hanlow- 641- HST. N.E.
color 101 manua co oco della	



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HE DESCRIPTION SUBSCIPERS OF THE PARTY.

# The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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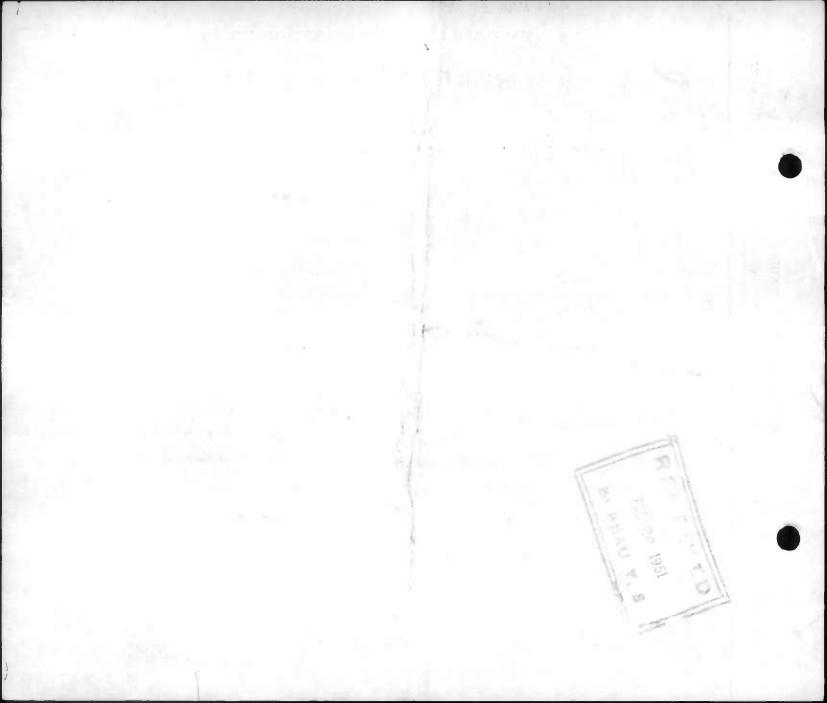
### MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	Street,	Baltimore
2411	N.	Charles	Street,	Ballimore

## MAR 22 195CERTIFICATE OF DEATH

Reg. Dist. No. ....

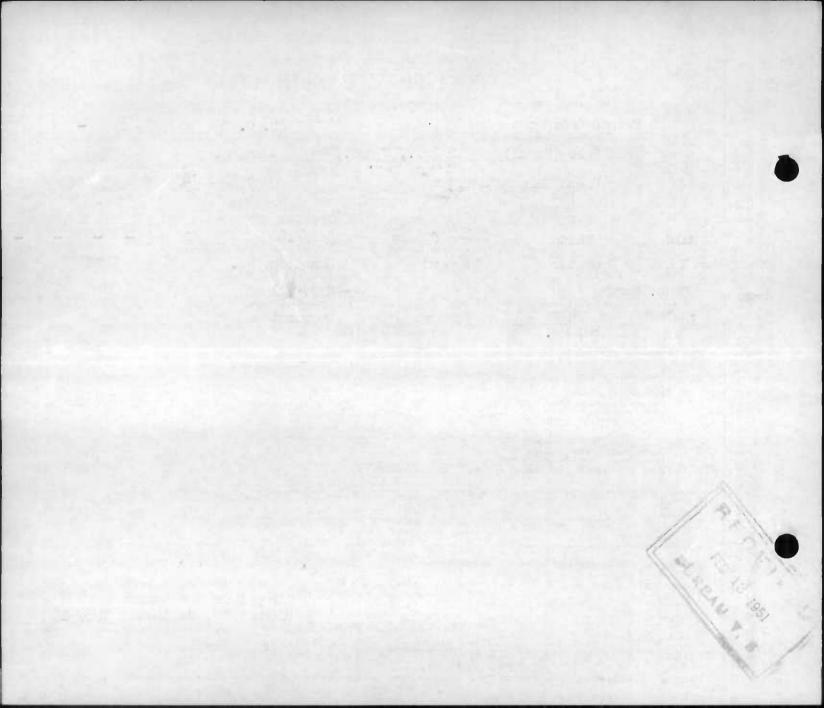
a control of the cont		
1. PLACE OF DEATH: COUNTY  COUNTY  MARYLAND	2. USUAL RESIDENCY (HOME) OF DECEASED STATE haryland France Country	corgie
CITY (If outside corporate limits, write RURAT) and LENGTH OF STAY (in this place)	OR COUNTY (It outside corpogate limits, write RURAL and over OR TOWN	
HOSPITAL OR INSTITUTION OR 4322 - Powert Drum 20	ADDRESS 4322 Cowalt (Control)	rive
3. NAME OF DECEASED (First) LCHO NEVAGA M.	Last) N/X OF (Month) OF DEATH FEB	(Day) (Year) 23 195/
5. SEXT 6. COLOD OR RACE 7. SINGLE, MARRIED, WIDOWED DIVERCED (Specify) Color	8. DATE OF BIRTH 9. AGE last hirthday If under Months.	l year   If under 24 hrs. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work doneduring most of working life, even if retired) Subjusting OR Company Company	18. BIRTHPLACE (State or foreign country) 12.	OPIZEN OF WHAT
13. FATHER'S NAMEDER Fuller	14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no, or unknown)   (If year, give war or dates of service)	mcKinley Zulles College	Park med
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ETIFICATION Conogstroi	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)  Observed Mc  Observed M	gocarditi;	7
giving rise to the above cause stating the underlying causo last (c)	Aschud	7
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/22	195/, to 2/23, 195/, that I last sa	w the deceased
alive on 19. , and that death occurred at	ADDRESS Oark, Jud	ated above. DATE SIGNED
BEMOVAL (Specify) 2/26/5-/ NAME OF CEMETER BEMOVAL (Specify) 2/26/5-/	W. OF CREMATORY LOCATION (City Jun, or country)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR Sons Ayal	ADDRESS h



2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Prin	nce Georges	MARYLAND	2. USUAL RESIDENCE STATE D. C		COUNTY _
	orporate limits, write RURA		CITY (If outside corpo		L and give nearest town)
HOSPITAL OR INSTITUTION OF		and I days.	STREET	(If rural, give to Plain's Home	,
		(Middle)	(1	LA DAME (M	(D) (I) (II)
3. NAME OF DECEASED (Type or Print)	GEORGE		VORTH	OF DEATH	onth) (Day) (Year) (FB. 5 195
Male	White	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) SINGLE	3/15/1888	9. AGE last hirthday	If under I year II under 24 hr Months   Days   Hours   Min
10a. USUAL OCCUP.	ATION (Give kind of work orking life, even if retired)	10b. Kind of Business of Industry Unknown	Hazelton, P.	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDE	N NAME	
Chas. Nor	th		Mary Wilson		
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
Yes	(If yes, give war or dates of lacryice) National	( UIIKIIOWII	Decedent		
V G	uard, Fa.	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	1		ONSET AND DEATE
		(1)	1		0.1001 1110 10111
Immediat	e cause (a)	Vulumary	Tuberculor	is	2 yr 10 mg
30 2 8					0
Anteceder		0			
12 Diseases or o	conditions, if any, (b)		************************************	**************************************	- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	nderlying cause last				
	(c)				
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat	h.			
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes W No
21. ACCIDENT	(Specify)   PLAC	CE (Home, farm, factory, street,	(CITY OR	TOWN) (C	OUNTY) (STATE)
SUICIDE HOMICIDE	OF INJU	office bldg., etc.) JRY			, contain (canaly
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
INJUNI	III.	TOTAL AC WOLK	1		
22. I hereby cert	ify that I attended the	e deceased from MAY	19, 1948, to FEB.	5, 19.5/, that	I last saw the deceased
F	D 5 - 51	2021 2 2 16	20 5		
signature	6	d that death occurred at. (Degree or title)		e causes and on the Dale Sanatori	
Danie D.	Les Finers	ene M.D.	**	Dale, Marylar	1
23. BURIAL, OR MARINOVAL (Spec	ATON DATE THERE	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, tow	
DATE REC'D BY	LOCAL   REGISTRAR'S		24. FUNERAL DIRECT	OR	ADDRESS
REG. 2/6/5/	Co	Wess	IWW Cham	hera Co, &	medule mel.



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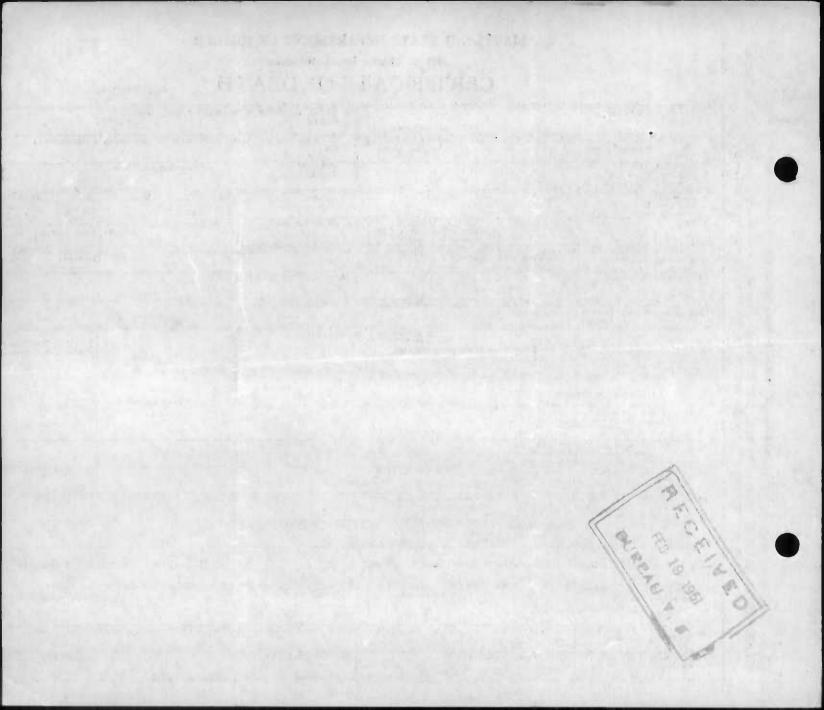
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 22/5

COUNTY Q	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	0 0
MARYLAND MARYLAND	Maryland, COUNTY	Triglo,
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) Hage forty (in this place)	TOWN Costlage losty	
HOSPITAL OR		
INSTITUTION OR 3805 - Loottage Terrace	STREET (If rural, give location)  ADDRESS 380 5 Lottage Terr	000
		acc
DECEASED	(Last) (Month)	(Day) (Year)
(Type or Print) Beulah Florence	adge// DEATH Tolules	10 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED.	8. DAPE OF BIRTH 9. AGE last birthday If under Months	year   If under 24 hrs
female white WIDOWED, DIVORCED, (Specify) married	3/28/1901 49 yrs. The	Days Louis Mil.
Joa. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	1/iraina	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Jake G. Klund.	Boulale 7 Phine	
15/ WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17,1NFORMANT, AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of		H. 40.
incivite)	John A. Tadgell 3805-bol	lage servace
18. MEDICAL CE	PTIFICATION (/	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
6 0 12	++	2 W.
Immediate cause (a) Jewaly / 10	Maring - Concernancial	2 ways
1704	2 1 12 -1-1-	
Antecedent cause(s)	Panet with Waterlain	1900.
Diseases or conditions, if any, (b)		
stating the underlying cause last	2 1	13 me
(c) Cover 7	Breasy	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	4	20. AUTOPSY?
Much 1947 Court of N	aoct .	Yes II Nort
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.)	,,	(0.111.11)
HOMICIDE   INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	now bib injust occur.	
INJURY m.   Work  At work		
as the second of	1. 10 MT. Felill 1051 11 11	
22. I hereby certify that I attended the deceased from	.%, 19.7, to	aw the deceased
alive on 4, 195/, and that death occurred at		etad abava
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A COURT MY MIN	1925 Eng St N/W. Worldon ye,	A 1/.51
James 11 Sand 19.1. 14.1.	1022 alex 4 1 1.	7-10.21
	RY OR CREMATORY   LOCATION (City, town, or count	y) (State)
REMOVAL (Specify) 2/19/1951 Fort Lincoln	a Cemetery Colman Mayor.	mal.
DATE REC'D BY LOCAL   REGISTRARIS SIGNATURE		1191
REG.U. A. "I'M SO	24. FUNERAL DIRECTOR	ADDRESS
	24. FUNERAL DIRECTOR	ADDRESS
Febre 16 1981 mo- Jas. Devere Walnut	Molley's Funeral Home 3200	R.J. ave.



781 868 n.E., Wash, B.C.

### CERTIFICATE OF DEATH

Reg. Dist. No. 2 42

	CERTIFICATI	E OF DEAT	Reg. D	ist. No. DC / DC
COUNTY / Cosarrvell	e MARYLAND	2. USUAL RESIDENCE (I	sland o	OUNT ri. Ges.
CITY (If outside corporate limit, write RUR OR give nearest town) TOWN	AL and LENGTH OF STAY  (in this place)	TOWN YOU	armits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If thral give local	shwars
3. NAME OF DECEASED (Type or Print) Claudia	(Middle)	arker	4. DATE (Mon OF DEATH	(h) (Day) (Year) 24 195
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 10 - 28-1894	9. AGE last birthday   1 56 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Reg. Nuise	11. BIRTHPLACE (State of		2 SCHIZEN OF WHAT
13. FATHER'S NAME William	Henry Johnson		alice to	hnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If year, give war or dates of service)	17 16. SOCIAL SECURITY NO.	17. INFORMANT	rtrude 8	tevenson
I. DISEASES OR CONDITIONS DIRECTLY  Immediate cause (a)	LEADING TO DEATH  Acute Pi	rtification lation of	Heart	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)  Diseases or conditions, if sny, (b)	Huhen Te	usim.		500
Diseases or conditions, if sny, (b) giving rise to the above cause stating the underlying cause last (c)	helbrite	1	***************************************	3 24
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing deat		seleven	i	10 200
19a, DATE OF OPERATION   19b. MAJOR I	none			20. AUTOPSY? Yes \( \text{No } \frac{1}{2} \)
SUICIDE OF INJU		(CITY OR		UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work □ At work □	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the alive on 7.6 24, 19.51, an				last saw the deceased (
SIGNATURE L	(Degree or title)	ADDRESS	Was Ik-	DATE SIGNED
23. HURIAL, CREMATION DATE RITIOVAL (Spectry) 2 - 28	NAME OF CEMETE	RY OR CREMATORY	OCATION (City, town,	or county) (State
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE LO. 10	24. FUNERAL DIRECTO	R. Rell	ADDRESS 1230 Heart Pl

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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## PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

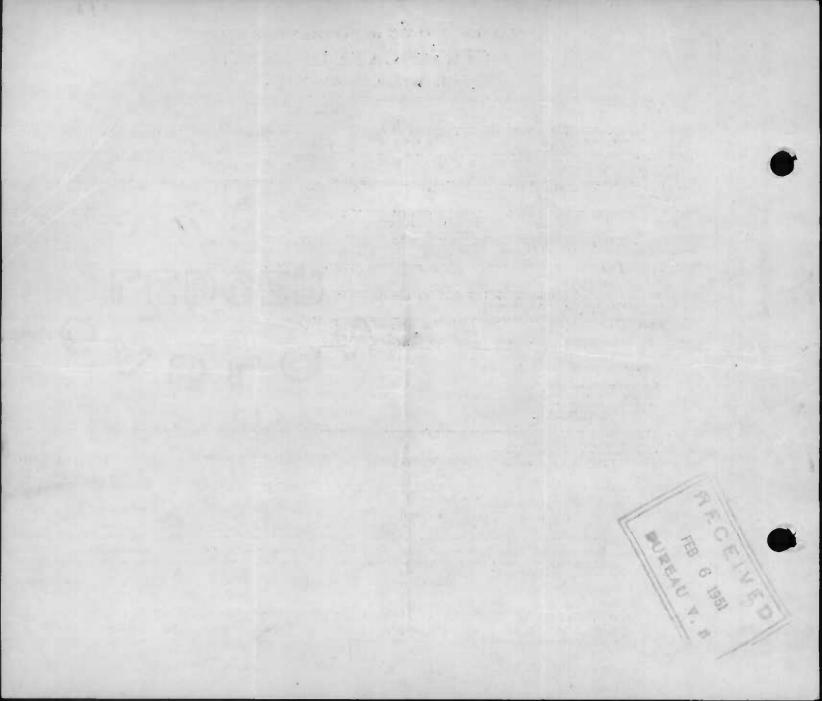
### MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No.

1776

	OR HEDIOM	3 1311111111111111111111111111111111111	Re	g. Dist. No.		******
1. PLACE OF DEATH		2. USUAL RESIDENCE (H	OME) OF DECEA	SED.		
mace sursio	MARYLAND	110000	and, 11-	11-56	oncio	
CITY (If outside co-poret limits, write RURAL and OR give nearest town)	(in this place)	OR CITY (If outside corrors		RAL and give	next town)	
HOSPITAL OR	1 can	TOWN Chu	(II plupal, giv	e location)		
INSTITUTION OR CAMU/ GUS	Several	ADDRESS 320	2-Cher	erly -	time	-
3. NAME OF (First)	(Middle)	(Last)	4. DATE	(Month)		Year)
(Type or Print)	(	ansur	DEATH	2		1957
Male White Will	NGLE, MARRIED, DOWED, DIVORCED, pecify)	6. DATE OF BIRTH	9. AGE last birthd	Months	Days   Hours	
10e. USUAL OCCUPATION (Give kind of work   10h.	KIND OF BUSINESS ON JUSTRY & CLOOL	11. BIRTHPLACE (States)	r foreign country)	12. C	CITIZEN OF	TAHW
13. FATHER'S NAME			NAME,	-		-0
William Parter	<u> </u>	Manie	Herry	ms		
(Yes. no, or unknown)   (If yes, give war or dates of	SOCIAL SECURITY NO.	17. INFORMANT AND A	DORESS	1=		
service		warmy.	prosen	- 1a	Mur	
	18. MEDICAL CE	RTIFICATION			INTERVAL BET	
1. DISEASES OR CONDITIONS DIRECTLY LEAD	ING TO DEATH				ONSET AND I	BTASC
Immediate cause (a)	shock		. n a n d mmg	- 444040	-101 44 44 44 44 44 44 44 44	
936 5 Antecedent cause(s)	2 1 200	1 - 1 he	100000 1.			
Diseases or conditions, if any, (b)	uno seris	orial the	TO TO VA	a 5/-		
1952 stating the underlying cause last	) 1-	1	_			
H. OTHER SIGNIFICANT CONDITIONS	mound	e spuen				
Conditions contributing to the death but not releted to the disease or condition causing death.	,		'			
19a. DATE OF OPERATION   19b. MAJOR FINDIS	NGS OF OPERATION				20. AUTOPS	Y?
21. EXTERNAL CAUSE WAS   PLACE (H	ome, form factory, street,	(CITY OR 1	FOWNIX	n(COUNTY)	Yes 1	No 🗆
CAUSE OF DEATH.	e bldg., etc.	Chevaly.	- (fr- S	A	mille	,
OF While	RY OCCURRED at Not while	Ran miliste		slido	land	
INJURY 2 - 1-5/- 11-45 m.   work	at work	1 1 mm	25 money	12000		
22. I certify that I took charge of the remains de obtained by said Autopsy, Inspection or Inqu	scribed above, held an A	utopsy X Inspection	Inquiry & th	ereon and f	rom the evide	ence
obtained by said Autopsy, Inspection or Inqui	iry, find that said dece	used died on the dry state	d above, and dea	th in my o	pinion resu	lied
fram: natural causes , accident , sui	(Degree or title)	ADDRESS			DATE SIGN	NED
01 2 red // 200 x	10	. 1	11 11-	- 11 .	1-	
23 NINIAL CREMATION I DATE THEREOF	1) Mid. War	n- Epevely,	- Spatts	refl ?	4/2.3-	51
remotion 325,1951	Cedur	Till Consta	y line with	Clave	1 mg	<b>(T</b> 0)
DATE REC'D BY LOCAL RECISTRAR'S SIGNA	TYRE	24. FUNERAL DIRECTO			ADDRESS	_
2014. 19 Umanda o	Douney	13, Bascho	sons- ly	attaull	en mol	



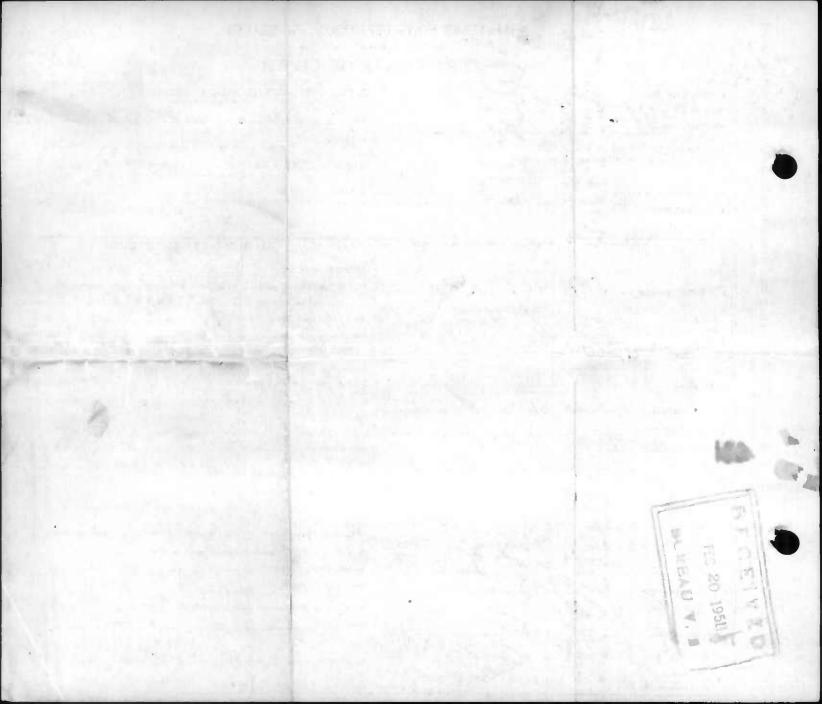
2411 N. Charles St., Baltimore

		216
Reg.	Dist.	No

CERTIFICA	ALE OF DEATH Reg. Dist. No	75
1. PLACE OF DEATH: GEORGE County PRINCE GEORGE	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)  State	GEORGI
Cily or town	City or town(If outside city or town limits, write RURAL and give	
Hospital, Instilution, or street address where death occurred:	Sireei No. / 209 Challum manor (Ifrural, give LOCATION)	٨
How long in hospital or institution?	2.(a).If veteran, name war	
3. (a) FULL NAME  ANTONIO PIRRONE	3. (b) Social Secu	rity Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M W MARRIED	20. DATE OF DEATH. Freducy 17 19.5	
6.(b) Name of husbands wife FRANCESCA	21. I CERTIFY that death occurred on the date above stated; that I attended	l deceased from
7. Birth date of deceased (mo., day, yr.) SEPT 11, 1877	and that I last saw h. Accordance on F. a.f. 1.5	19 5
8. AGE: Years Months Days If less than one day	Immediate cause of death.	my 5 year
9. Birthplace	Due io Result Failure	2 day
10. Usual occupation. Retries placemake	Due to	
11. Industry or business  12. Name AUSTIN PIRRONE	Other conditions Delette	6 mon
13. Birthplace / TALY	(Include pregnancy within 3 months of death)	
14. Maiden name ROSARIO RUSSO  15. Birthplace 17,444	Major findings of operations.	
15. Birthplace 1 72 F 16. Informant MRS. 40 STIXA PIRRONE	Aotopsy results Dale of op	
Address 1709-CHILLOM MANOR ROA	PHYSICIAN: Please ooderline the caose to which death should be cha	arged statistically.
17. Burlal, cremation, or removal. Which?)  Date ihereol. (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Cemeiery or orematory	Where did Injury occur?(City or town) (County)	(State)
Location WHS H G D C	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	a b Lid	M. 1
" Febry 18 "51 ma la Servere)		d. D. or other gned 2-17-5
(Date rec'd pyregistrar)	Address	Ruco

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Prince Georges MARYLAND CITY (If outside corporate limits, write RURAL and OR give pearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place)
Yrs. 2mos. OR give nearest town)
TOWN (Lenn Washington, Dale TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS 4300 Alabama Ave., S. E. Glenn Dale Sanatorium STREET ADDRESS (First) (Middle) 4. DATE 3. NAME OF (Last) (Month) (Day) (Year) DECEASED + LORENCE Powe 15 (Type or Print) DEATH 195 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE last birthday | If under I year | If under 24 hrs. WIDOWED, DIVORCED, (Specify) Married Months | Days | Hours | Min. 11/7890 Female White 10b. KIND OF BUSINESS OR INDUSTRY DIAMOND Cab Company 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, evon if retired) COUNTRY? Albam, Albermare Albermare Co. Secretary
13. FATHER'S NAME Richard Johnson 17. INFORMANT 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of None Decedent No 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH luonary Tuber Culosis, Far advanced years Immediate cause 000 Antecedent cause(s) Diseases or conditions, if any, (b)... giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No 🗆 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) (Specify) SUICIDE HOMICIDE INJURY HOW DID INJURY OCCUR? INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) While at Not While Work At work INJURY 1951, that I last saw the deceased 22. I hereby certify that I attended the deceased from 19.4.6. to 30 P....m., from the causes and on the date stated above. , and that death occurred at ..... alive on ..... SIGNATURE (Degree or title) DATE SIGNED Glenn Dale Sanatorium Glenn Dale, Md. 23. BURIAL, CREMATION RUMOVAL (Specify) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or equnty) DATE THEREOF DATE REC'D BY LOCAL 24./FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS

MARGIN RESERVED FOR BINDING UNFADING INFORMATION carefully. t. Physicians: please write the causes of death clearly and legibly.

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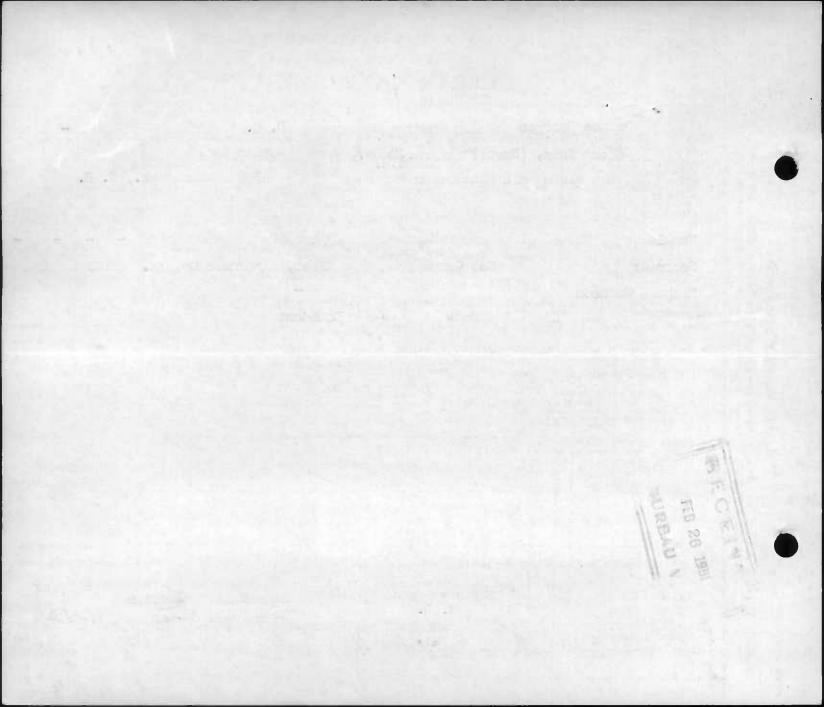
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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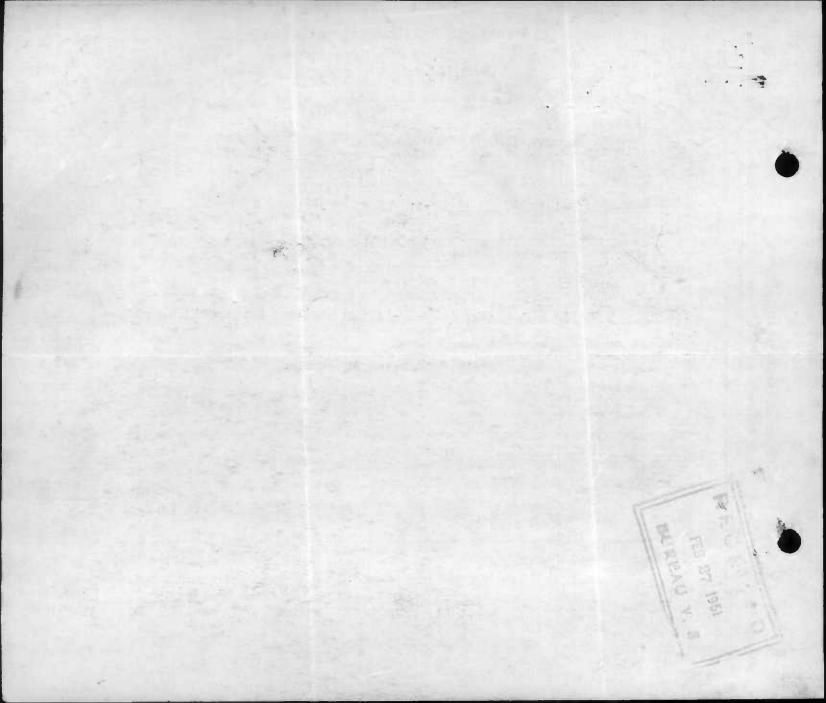
CERTIFICATE OF DEATH Reg. Dist. No. 244 PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY Prince Georges Prince Georges MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) Andrews AFB, TOWN washington 25, D. LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) Upper Marlboro TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS RFD #] 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Augustine Everett Proctor (Type or Print) Feb 19 DEATH 195] 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday If under I year | If under 24 hrs. Months Days Hours | Min. Male Negro April 1909 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY BASE COUNTRY USA Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of Yes hervice) May 43-Jan Civilian Personnel Records 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Acute Myocardial Infarction Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? None None No K Yes | 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (Specify) (STATE) SUICIDE office bldg., etc.) INJURY Andrews AFB. Prince Georges Md. HOMICIDE TIME (Month) (Day) (Year) (Hour) OF HOW DID INJURY OCCUR! INJURY OCCURRED While at Not While INJURY Work | At work 22. I hereby certify that I attended the deceased from......, 19......, to......, 19......, that I last saw the deceased SIGNATURE DATE SIGNED USAF Andrews AFB, Wash 25, DC 19 Feb 51 NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) 22. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) Ruces 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL ADDRESS

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## PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1780

Reg. Dist. No. 245

1. PLAGE OF DEATH	1 2. USUAL RESIDENCE (HOME) OF DECEASED.	
GOUNTY	STATE COUNTY	,
MARYLAND MARYLAND	Ullas	
CITY (If outside corporate limits write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give pearest vown) TOWN  CITY (If outside corporate imply), write RURAL and LENGTH OF STAY OR give pearest vown) TOWN	II OR	
TOWN TOWN GOOD . MAI DU . 17. 17	TOWN Jahreslen.	
HOSPITAL OR	STREET (If pural, give location)	
STREET ADDRESS Deland Vlumonal Hosp.	ADDRESS 5002 - (wenne	8
STREET ADDRESS V		1
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
DECEASED	OF C	
(Type or Print)	MCM OUN   DEATH FULL - 2	1857
6. COLOR OR RACE   7. SINGLE, MARRIED,	DATE OF BIRTH   9. AGE last birthday   If under	year  If under 24 hrs
Finale White WIDOWED, DIVORCED, (Specify) Marry of	Months Months	Days   Hours   Min.
(Specify)Wanned		
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business Da		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Julian	COUNTRY
13. FATHER'S NAME	WY00	43.7
	14. MOTHER'S MAIDEN NAME	
al. Dannina Marlini	Satturana Guartral	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	LIZ INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	0 - 1
service)	Muram 12 orddin -	Deales
		- VPUI
18. MEDICAL CE	KTIFICATION	Tarmente Damen
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
The state of the s		ONSEL AND DEATH
Immediate cause (a) The serving S	L. D. D. C.C.	
816.5		
Antecedent cause(s)	1, 111 - 2.1 -	
Diseases or conditions, if any, (b) A CAMADI /2	went & very	
giving rise to the above cause	4 .	
stating the underlying cause last	0.1	
(a) Cardonadill	Collinion.	
II. OTHER SIGNIFICANT CONDITIONS	-1-00000	
Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
THE DITTE OF BRAILOR		20. AUTOFSTI
Allegania de la companya del companya de la companya del companya de la companya		Yes   No W
21. EXTERNAL CAUSE WAS   PLACE (Home, farm, Lactbry, street,	(COUNTY)	(STATE)
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office high, etc.) CAUSE OF DEATH.	( ) ( ) ( ) ( ) ( )	(SIALL)
CAUSE OF DEATH. INJURY	Aller Tark - 11 Sig.	- VVOI
TIME (Month) (Day) (Year) (Hour) 1 INJURY OCCURRED	HOW DID INJURY OCCUR?	72
OF While at Not while	1. 1. 1 Coughous hon	van ours-
INJURY 2 - 20 - 5 1 2.30 m.   work   at work	mobile o trailer track	Passenser
		U U
22. I certify that I took charge of the remains described above, held an A	Juloney : Inspection & Inquiry & thereon and	from the evidence
obtained by said Autoney Inspection or Inquiry find that said dece		
frame and and an analysis of the state of th	used died on the dry stated above and death in my	aninian regulted
	ased died on the day stated above, and death in mu	opinion resulted
from: natural causes , accident & suicide , homicide ,	used died on the dry stated above, and death in my undetermined	opinion resulted
SIGNATURE (Degree or title)	ased died on the day stated above, and death in mu	DATE SIGNED
SIGNATURE (Degree or title)	used died on the dry stated above, and death in my undetermined	opinion resulted
SIGNATURE (Degree or title)	used died on the dry stated above, and death in my undetermined	DATE SIGNED
SIGNATURE (Degree or title)	ased died on the dry stated above, and death in my undetermined ADDRESS  Cheverles - Haaltsvelle	DATE SIGNED
SIGNATURE (Degree or title)	ased died on the dry stated above, and death in my undetermined ADDRESS  Charles - Hallen Chy, town, or count	DATE SIGNED
John J. Maloney, M.D. Des. Myd. Exam.	ased died on the dry stated above, and death in my undetermined ADDRESS  Charles - Hallen Chy, town, or count	DATE SIGNED
SIGNATURE (Degree or title)	ased died on the dry stated above, and death in my undetermined ADDRESS  RA OR CREMATORY VLOCATION (City, town, or country)	DATE SIGNED  Very 20-57 y) (State)
SIGNATURE (Degree or title)  Ohn J. Maloney M.D. Deg. Med Edgard  23. BURIAL CREMATION DATE THEREOF I NAME OF SEMETE  CAMBOOK STEELEN 2/21/1/2018	ased died on the dry stated above, and death in my undetermined ADDRESS  Charles - Hallen Chy, town, or count	DATE SIGNED

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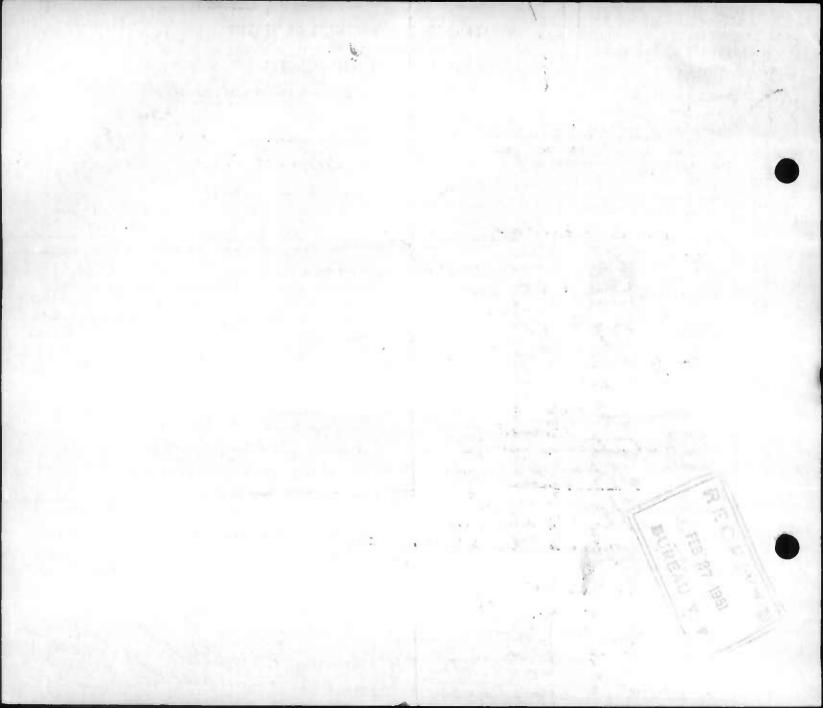
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## MARYLAND STATE DEPARTMENT OF HEALTH

1781

in #8 shown on:	es St., Baitimore
HANO. G 131 MAR 5 1951 CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Juna Design	(For newborn infants give residence of mother)
City or tow Purse allustron mid	State County County
(If outside city or town limits, write KURAL and give nearest town)	City or town allustarion my
How long in above place of death?	(If outside city or town limits, write RURAL and give nearly town)
Hospital, institution or street address where death occurred:	Street No 7/10 allution Roods & /looks
	(If rural, give Is CATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James 6. Sanders	710
(A. Sex   5. Color of race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
19 W Marriel	20. DATE DE DEATH Feb. 25 1951 21 8:30A
5.(b) Name of husband or wife Sarah Elizabeth	21. I CERTHY that death occurred on the date above stated; that I attended deceased from
6.(6) alive, give ageyears	19
7 Distribution of	and that I tast saw h A and alive on
deceased (mo., day, yr.) least 5-1880  8 A.C. Years   Months   Days   It less than one day	Immediate cause of death. Temes - Colomation
o. Roll.	
17 70 hrsmin.	A
a Richalase Waldery my	Due to Cerebral Thrombour 1 9/3
own, county, and state)	
10. Usual occupation	Due to arterioseliroles Cardo
11. Industry or business Petities	saccular disease.
= 12. Name Richard Sandus	Diher conditions Cellulation of javo
12. Name Richard Sandus  13. Birthplace Char Co	4001
	(Include pregnancy within 3 months of death)
14. Malden name Trustituen	Major findings of operations.
14. Maiden name Tustusturen  15. Birthplace Chos Co sub	Date of op.
Soul & lie titl day less	Autopsy results
16. morman	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 7110-allularon Rol S.E. Work N	22. VIOLENCE: If death was due to external causes, till in the following:
17. But Date thereof 2-27-57	Accident, suicide, or homicide
(Burial, cremation, or removal Which?) (month) (day) (year)	Recident, salared of memorial
Cemetery or crematory St Taul Tunkey	Whera did Injury occur?
Location Ruel Waldely must	injured at home, farm, industry, public place (where?)
ct tox Rose.	Maans of Injury Injured at work?
18. Funerat director the state of the state	1 1 100 1 -15
Address Waldog with	23. SIGNATURE John And Angelomin.
2/26/4 Julia H Yasen	M. D. or other
(Date rec'd/by registrar)	Address 4223 Silver Willed Date signed 2-25-51

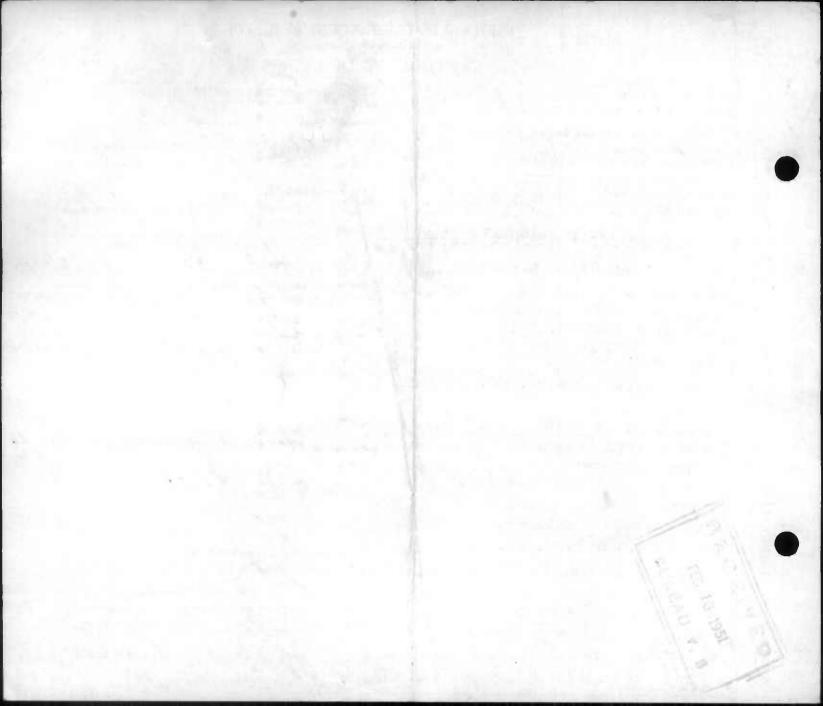


2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1	78422	
Reg. Diat.	No. 203 2	/

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3.(a) FULL NAME	3. (b) Social Security Number
Leroy Satawhite	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  10 DATE OF DEATH 7-65. 13 19-51 11-61-00 Au
Male Colored Single	20. DATE OF DEATH. 7eb. 13 19.51 , al Gioch
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from  19.5 to 7.1 to 19.5
8. AGE: Years Months Days It less than one day	Pulmony Tuboralisi, 1 year
9. Birthplace Uppermarlboro Mo. (Town, county, and state)  10. Usual occupation. Laborer  11. Industry or business Pool Room  12. Name. John Satawhite  13. Birthplace  14. Maiden name. Ada Florence Gant  15. Birthplace	Due to
16. Informant Preston Satawhite	Actopsy results
Address Uppermarlboro, Md.  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Location	PHYSICIAN: Please usedering the cause to which death should be charged statistically.  22. VIOLENCE: if the items was due to external causes, fill in the following:  Accident, suicide, or homicide
19. Observed by registrar 19.5 Registrar	23. SIGNATURE JAMES 5. Jan M. D. or other Address James Marlow, M. D. or other Date signed 2-13-51



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The	1
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.	is especially important. Physicians: please write the causes of death clearly and legibly.
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correct age

Evidence foraddition in #7 shown on:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH FRANCE G 151 MAR

1. PLACE OF DEAT	H•		2. USUAL RESIDENCE (I	HOME) OF DECEAS			
COUNTY	e Georges	MARYLAND	STATE D. C.		COUNTY		
CITY (If outside c	orporate limits, write RUR n Dale (Rural)	AL and LENGTH OF STAY	CITY (If outside corpor OR		AL and giv	e nearest town	1)
	n Dale (Rural)	12 days.	TOWN Washin				
HOSPITAL OR INSTITUTION OF STREET ADDRES			STREET ADDRESS 721 7t	(If rural, give l h St., S. E.			1
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (M	(onth)	(Day)	(Year)
(Type or Print)	BLANCHE	I.	SIMEON	OF DEATH FO	by :	25 E	1957
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under	l year  If unde	er 24 hrs.
FEMALE.	HHITE	(Specify) Markies	3-4-1911	39 ym.	Months	Days Hours	Mln.
10a. USUAL OCCUP	ATION (Give kind of work working life, evon if retired)		Washington, D		12	CITIZEN OF	WHAT
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN				
John Parn	e]]		Maude Jackson				
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	,	17. INFORMANT AND	ADDRESS			
NO NO	(If yes, give war or dates service)	01 577-14-0745	Decedent				
		18. MEDICAL CE	RTIFICATION				
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND	
11 5 15 15 15 15 15 15 15 15 15 15 15 15		2 4	-1-	0		Oliumi Mil	At.
Immediat	e cause (a)	I when	orang Int	alosis		Ilmor	1
Anteceder	nt cause(s)		U				
	conditions, if any, (b)	***************************************	**************************************				
	inderlying cause last						
	(e)	140				1	
Conditions contribu	CANT CONDITIONS uting to the death hut not se or condition causing deat	th.					
		FINDINGS OF OPERATION				20. AUTOP	SYT
						Yes P	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR 1	OWN) (	COUNTY)	(STAT)	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?			
OF INJURY	m.	While at Not While Work At work					
		7	# ~ <1.3	ct.			
22. I hereby cert	ify that I attended th	e deceased from June 16	-, 1950, to For	, 1957, that	I last sa	aw the dece	ased
alive on Fe	Ly 28 1051 or	d that death occurred at	P-42 P. m from the	causes and on the	a data ata	ated above	
SIGNATURE	, 102.1, at	(Degree or title)	ADDRESS			DATE SIC	INED
() - 1	SP 11.	70,50		ale Sanatori		0/00/0	
4/ Unel	480 Finuc			ale, Marylar		2/28/51	
23. BURIAL, CREM REMOVAL (Spec	7/1	7		OCATION (City, to	C (W	1)-(	tate)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	Rulyerale	57	ADDRESS	- 82
- 21/11				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0//	0	10
				1	Vash	- Rea-	-



2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Prince Georges MARYLAND 2. USUAL BES	SIDENCE (HOME) OF DECEASED-COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HOSPITAL OR  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) TOWN TOWN STREET	taide corporate limits, write RURAL and give nearest town)
INSTITUTION OR ADDRESS STREET ADDRESS	124 HURON DRIVE
3. NAME OF (First) (Middle) (Last) DECEASED (Type or Print) WARREN E. SMITH JR.	4. DATE (Month) (Day) (Year) OF DEATH Feb. 28 1951
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIYORCED, (Specify)  8. DATE OF E	PAGE last birthday If under 1 year If under 24 hrs. Months. Days Hours Min.
done during most of working life, even if retired) INDUSTRY	CE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	MA LOUISE MEHLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMA	nt and address her above address
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
353.3 Immediate cause (a) Epileps 4  Antecedent cause(s)	16 mos
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	**************************************
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID IN OF   Not While at Not While   At work	NJURY OCCUR?
22. I hereby certify that I attended the deceased from 7. 28, 1950, to	
alive on Feb 20, 19.57, and that death occurred at 730 A.m., SIGNATURE (Degree or title) ADDRESS	DATE SIGNED
	uberland St. nw. 2.28.51
23. BURIAL, CREMATION DATE REMOVAL (Specify) 2 MAR 5   ARLINGTON NATIONAL DATE REC'L) BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL	CEMETERY VIRGINIA



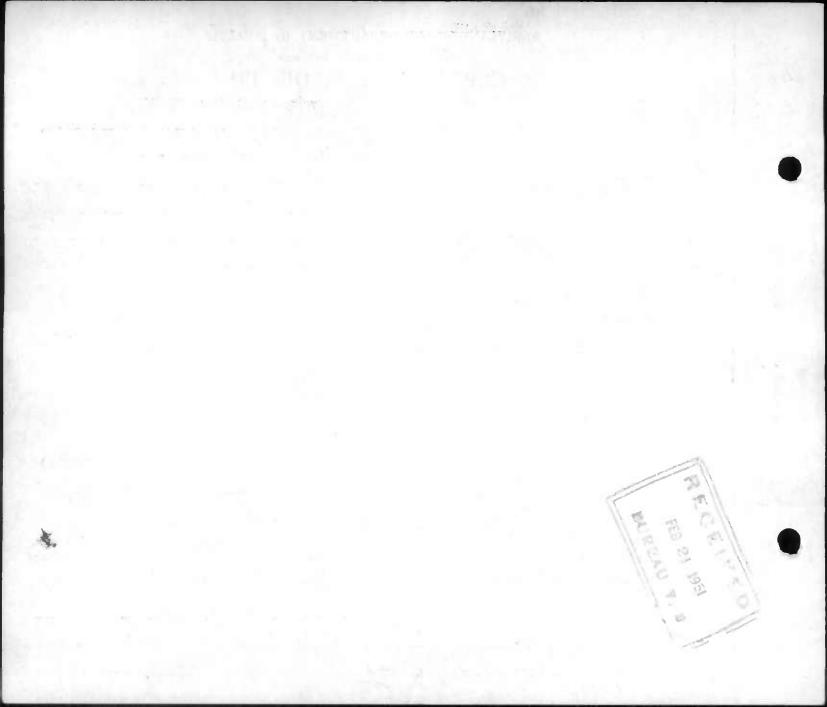
2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

	aceg. Disc. No.	••••••
1. PLACE OF DEATH. COUNTY PINCE GEORGE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	Pr. George
OR give nearest town CLEVEN (If outside corporate limits, write RUINAL and LENGTH OF STAY on this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN HV3 TS VI 1 C.	nearest town)
MOSPITAL OR MISTITUTION OR STRUCT ADDRESS Prince George Cy.	STREET (If rural give location), ADDRESS 5504 Quincy St.	
3. NAME OF DECEASED (First) (Mindle) (Cype or Print) (1) 1 AM	Smith SPATE (Month) OF DEATH Feb	(Day) (Year) 18, 195/
5. SEX  6. COLOR OF RACE  7. SINGLE, MARRIEU, WIDOWED, IVORCED, (Specify) IVORCED,	8. DATE OF BIRTH 9. AGE ast birthday If under Months wrs.	Days   Hours   Min.
done during most of working life even if retired)  10h. Kind of Business of Industry  10h. Kind of Indu	Wash, J. C.	CITIZEN OF WHAT
13. FATHER'S NAME  9 U 1 1 3 Sm 1 + 6  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME Maytha E. Pyles.	
(Yes, no, or unknown) (If year, give war or dates of service)	Mrs Lorothy S. Sparta	(Sister)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
453. Immediate cause (a) hultiple	arthur humberses	3 hos
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause	lisese	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death;		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 1	ind occlusio	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (Foffice bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Not Work   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12.1.9	19.50, to 18, 15, that I last sa	
alive on 19.60, and that death occurred at	ADDRESS ADDRESS	date above.
23. BURIAL, GREMATION DATE NAME OF CEMETE	CRY OR CREMATORY   LOCATION (City, town, or count,	y) (State)
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 7cb-19- amonda Novone	W.W. Chambers Co., 517-	110057.5E
1951		9081

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



The correct age

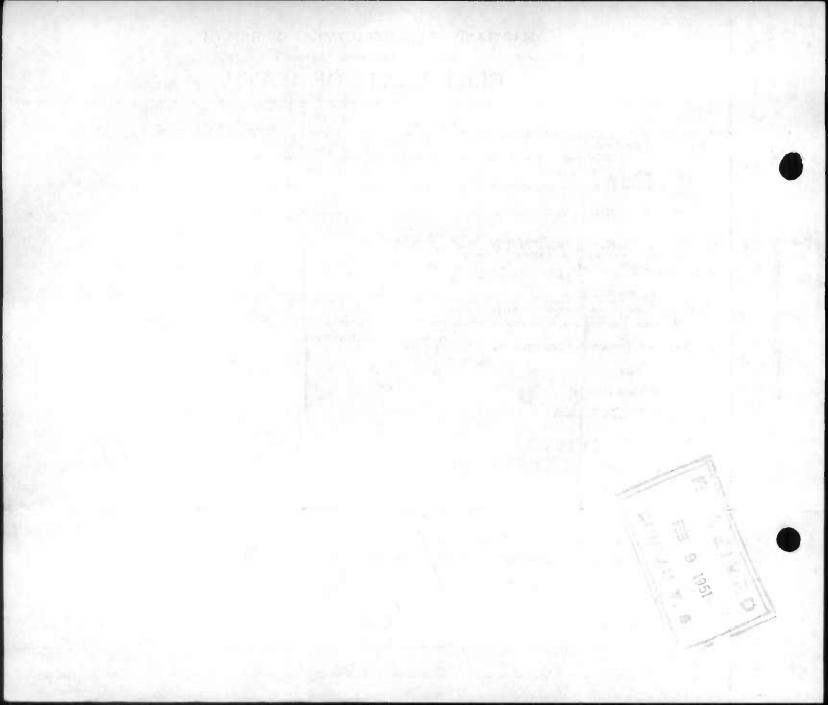
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### **CERTIFICATE OF DEATH**

1. PLACE OF DEATH. COUNTY Prince Glorge MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	In. sea.
CITY (If outside corporate limits, write RORAL and CENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside coporate limits, write RURAL and give TOWN	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS 6/9 / Othe Street	et
3. NAME OF (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH OF DEATH	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE-MARRIED, WIDOWED DIVORCED, (Specify) (1) (Specify) (	8. ATE OF BIRTH 9. AGE last birthday If under Months.	Days   If under 24 hrs.   Hours   Min.
done during most of working life, even if retired) 10b. Kind of Business or Industry	Startinshing at est Juginia	COUNTRY? USA
13. FATHER'S NAME Martin Castle	Mayaret Elizabeth Baine	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	The Lengra He Denitt	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	rtification	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		у 24 00 00 олу вышиния заказанавання основня
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 24	, 1951, to Jul 5, 1951, that I last s	aw the deceased
alive on	ADDRESS ADDRESS	ated above. DATE SIGNED
Orbert & hit ming hik 4	or man It And hig	7/6/51
23. BURIAL, CREMATION DATE, REMOVAL (Specify) Jeh. 8/951 Juny Jell (	emeter Lawel Hay	land
PATERICO BY LOCAL REGISTRAR'S SIGNATURE (1)	24. PUNERIL DIRECTOR Se With Warelban Laver	ADDRESS



VS. A15

And the second s	DING	ry item of information carefully. The cornect a
	BINDING	moti vi

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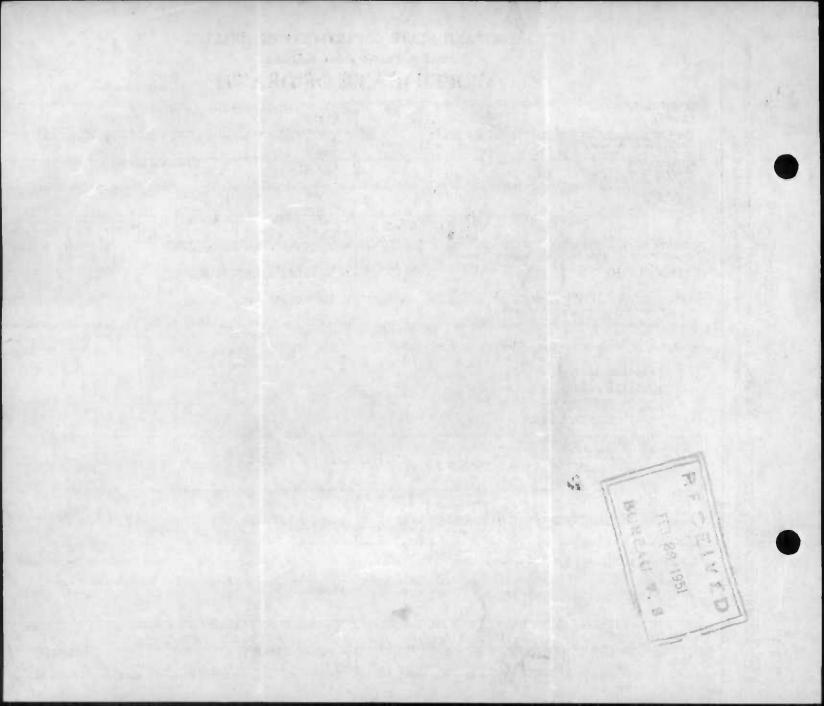
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

ENNA A 171 MAD ALER		DOF DEAT	LAA	keg. Dist. No	0
LACE OF PEATH - III/III & NO		2. USUAL RESIDENCE	(HOME) OF DEC		
COUNTY RINCES GEORGE	MARYLAND	STATE Mareul	and t	COUNT	GEORGE
CITY (If outside corporate limits, write RURAI	and   LENGTH OF STAY	CITY (If outside gorpo	rate limits, write I	RURAL and gi	ve nearest town)
OR give nearest town) TOWN	(in this place)	OR TOWN /4///3	ide		
HOSPITAL OR		STREET	(If rural, 1	give location)	
INSTITUTION OR STREET ADDRESS PRINCE GEO	reae Caen.	ADDRESS 1105-	53rd. A	110	
3. NAME OF (First)	(Middle)	(Last)	1 4. DATE	(Month)	(Day) (Year
(Type or Print)	- X	WEENEGI.	OF DEATH	Ech	22 195
	SINGLE, MARRIED,	8. DATE OF BIRTH			I year   If under 24 h   Days   Hours   Mi
male white	WIDOWED, DIVORCED, (Specify) Marketed	16 Apr 1863	8/	yrs.	
	10b. KIND OF BUSINESS OR INDUSTRY	11. BIETHPLACE (State	or foreign country)		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	The state of the s	14. MOTHER'S MAIDE	N NAME		
Lab. Jim		Lucind	a wa	ed.	
15. WAS DECRASED EYER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT AND			
(Yes, no, or unknown) (if yes, give war or dates of service)	0	Lam. & Se			
(Ball Very)	18. MEDICAL CE	RTIFICATION 92//	9	10	1
I. DISEASES OR CONDITIONS DIRECTLY L		0366	tions	20	INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTED L	EADING TO BEATH	- au	elulle	, /200.	ONBET AND DEAT
Immediate cause (a)	thy postale	e preumer	ua		2 days
10.0	-	0	•		1
Antecedent cause(s) Diseases or conditions, if any, (b)	arteriordero	en heart de	reare		
giving rise to the above cause	• FT	A		***** == == 0.00000000000000000000000000	19 50 50 50 recessories como como como de ser
stating the underlying cause last		h To			1.41
(c) 11. OTHER SIGNIFICANT CONDITIONS		- grenen			1 960
Conditions contributing to the death but not	home -	/ /			
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FI.					20. AUTOPSY?
ISS. DATE OF OTHERSTION					- 1
21. ACCIDENT (Specify)   PLACI	E (Home, farm, factory, street,	: (CITY OR	TOWN	(COUNTY)	Yes No No (STATE)
SUICIDE OF	office hldg., etc.)	(OIII OII	10414)	(000111)	(SIAIL)
HOMICIDE INJUST	NJURY OCCURRED	HOW DID INJURY OF	CCUP		
OF '	While at Not While	HOW DID INJUNI O	COOK!		
INJURY m. 1	Work At work				
22. I hereby certify that I attended the	decessed from	, 19, to	10	that I last a	now the decease
22. I hereby certify that I attended the	deceased from	, 13, 10	, 13,	that I last a	aw the deceased
alive on, 19, and	that death occurred at	A.m., from the	e causes and or	n the date st	ated above.
SIGNATURE .	(Degree or title)	ADDRESS			DATE SIGNED
77.11	1.11.410 T	-10. (.1.)	-1117	h. A	2/12/5
23. BURIAL, CREMATION   DATE THEREOF	I NAME OF CENTER	RY OR CREMATORY	LOCATION (City	town or cour	12-10 /
REMOVAL (Specify)			ST. MARU'S		
DATE REC'D BY LOCAL   REGISTRAR'S S	HOLLYWOOL /	24. FUNERAL DIRECT		Co. N	ADDRESS
REGO /22 /5/	Douren/			con at	
apad DI umanda	- Courty	W.W.CHAMBI	- NO - LO	31.1-11.	Sr. 10.6.
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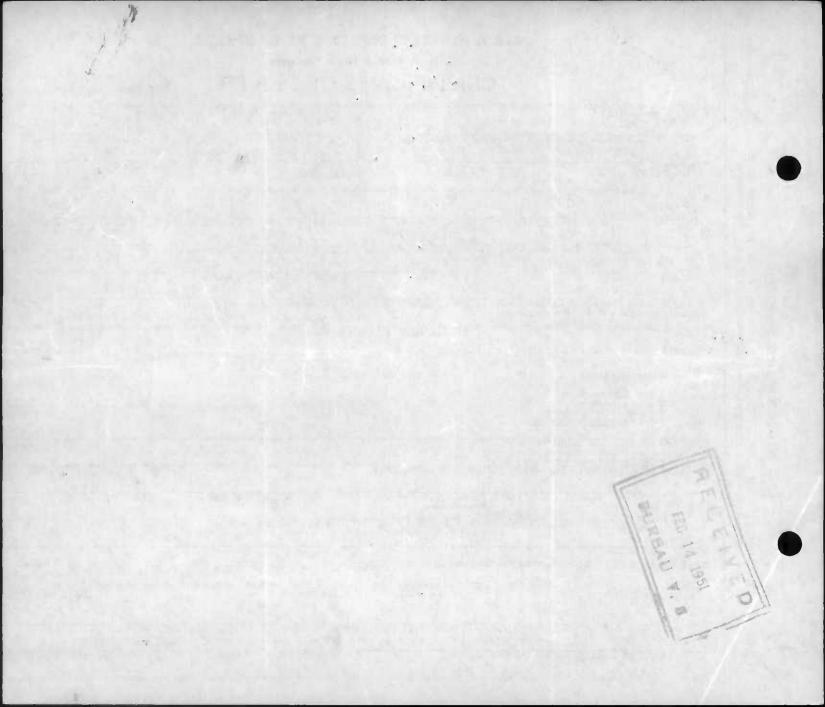
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

eg. Dist. No. 23/

1. PLACE OF HEATH. COUNTY Frence Leorges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Burge
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give Charget towal	CITY (If outside corporate limits, write RURAL and give OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Trince Georges	STREET ADDRESS 307 (If rural, give location)	
STREET ADDRESS - C	(I - A) DATE (A)	
(Type or Print) ELIZABETH M.	TAIT OF DEATH LAST 9,	(Day) 9 (Year)
6. COLOR OB RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED. (Specify) MARRIED.	S. DATE OF BIRTH 9. AGE last pirthday If under Months yrs.	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kied of work done during most of working life even if retired) Industry ASML		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Francia a O Drien	anne Condon	
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no, or unknown)   (If yes, give war or dates of service)	alospus O Brue 1 tyselle	eville mill
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
II DESERBING ON CONTROL DANGE OF THE PROPERTY	00.00	OHOST MIN DANIE
3/10x Immediate cause (a) Leute Cel	every cotine.	**************************************
Antecedent cause(s) Diseases or conditions, if any, (b)	wellets.	
giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJUCIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
	10 UV 40 ) = 9 10 V 4b 4 T box	- Al- 11
22. I hereby certify that I attended the deceased from	, 19.7.7., to	w the deceased
alive on, 19.5, and that death occurred at	ADDRESS	ated above. DATE SIGNED
Chartz (les). Hat	tille led 2-10	5-57
BEMOVAL Specify) Lul 14,1951 Certification	a cemeley arlington (,	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG2/13/5/ Umanda Journey	I Susche some Hyali	and and and
	<i>U</i>	



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CEDTIFICATE OF DEATH

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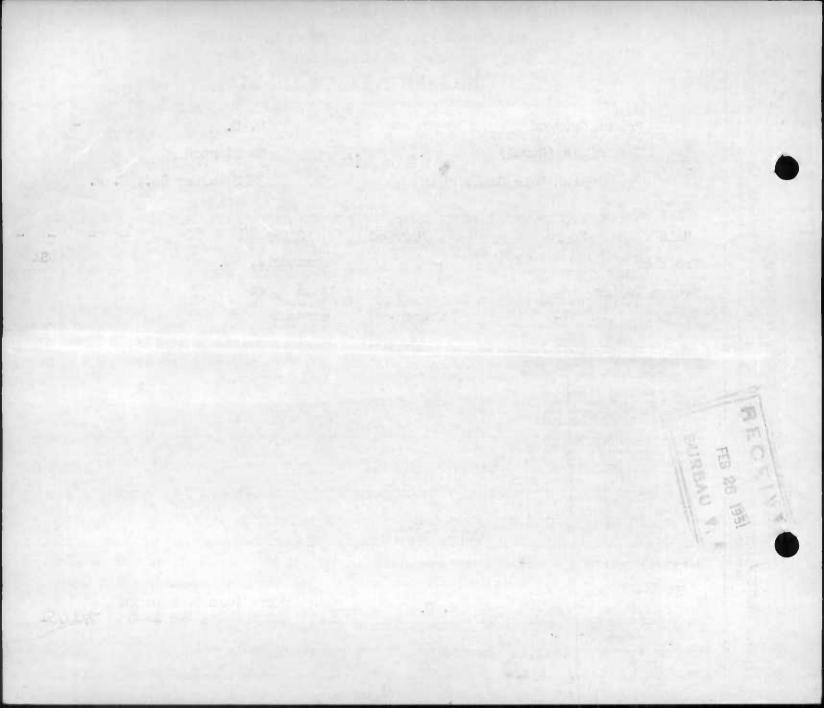
		CERTIFICAT	E OF DEAT	Reg. Dist. N	To
. PLACE OF DEATI	·			(HOME) OF DECEASED.	
COUNTY Prin	nce Georges	MARYLAND	STATE D.	Count	- Y
CITY (If outside co	orporate limits, write RUR	AL and   LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURAL and g	ive nearest town)
OR give nearest TOWN GLEI	in Dale (Rural)	1 yr. 9 mos	or Was	hington	
HOSPITAL OR		and II days	STREET	(If rural, give location)	
INSTITUTION OF STREET ADDRESS	ss Glenn Dale S	Sanatorium	ADDRESS 354	2 Warder St., N.	W. V
NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	GEORGE	$\omega$ .	TAYLOR	OF DEATH Feb.	17/2. 1951
. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last hirthday   If under	1 year   If under 24 hrs.
Male	Negro	WIDOWED, DIVORCED, (Specify) Married	12/25/188	OO OZ yrs.   -	Days Hours Min.
On USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	2. CITIZEN OF WHAT
Preacher	vorking life, even if retired)	INDUSTRY	Alexandria,	Va.	COUNTRY? USA
3. FATHER'S NAM	E		14. MOTHER'S MAIDE	NAME	
George Tay	Lor		Annie Jones		
5. WAS DECRASED ES	VER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
Yes, no or unknown)	(If yes, give war or dates (service)	Unknown	Decedent		
		18. MEDICAL CE	RTIFICATION		
DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
. DISBRISHS ON CO		^			Onder and Danie
Immediate	e cause (a)	Pulmonary.	Tuberculosis	***************************************	24+5J mark
10:0V					,
	nt cause(s) conditions, if any, (b)				
3 0- giving rise to	the above cause		7 T T T T T T T T T T T T T T T T T T T	\$500 \$00 \$100 \$00 \$00 \$00 \$00 \$00 \$00 \$00	
stating the u	nderlying cause last				
L OTHER SIGNIFI	(c) CANT CONDITIONS				
Conditions contribu	iting to the death but not				
	ee or condition causing deat	FINDINGS OF OPERATION			1 20. AUTOPSY?
DAIL OF GLE.					
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (COUNTY	Yes No (STATE)
SUICIDE	OF	office bldg., etc.)	(0111 011	(0001111	(SIRID)
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	I INJURY OCCURRED	HOW DID INJURY OF	CCITR1	
OF		While at Not While	11011 212 1110111 01	300311	
INJURY	m.	Work At work	l .		
22 Thereby certi	ify that I attended th	e deceased from May 6	1949 to 1-06 1	7 19.57. that I last	saw the deceased
-					
	) / / , 19.5/, an	d that death occurred at	ADDRESS m., from the	e causes and on the date s	
SIGNATURE	$\wedge$ $\Omega$	(Degree or title)	ADDRESS	Dale Sanatorium	DATE SIGNED
1 samel	LOD Fineco	M. D.			2/17/51
23. PURIAL, CREM REMOVAL (Spec	ATION   DATE THERE		RY OR CREMATORY	Dale, Maryland LOCATION (City, town, or coun	nty) , (State)
REMOVAL (Spec	ify) \(\lambda\)	(1)			noton.D.C
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT		ST-ADDRESS N W

24. FUNERAL DIRECTOR.
W. Ernest JARVIS CO.

VS. A15

DATE REC'D BY LOCAL REG. V/18/51

1432 U. St. ADDRESS N. W Washington D.C.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	
CITY (If outside corporate limits, write RURAL and give OR TOWN Washington  STREET (If rural, give location)  ADDRESS 403 M. St., N. E.	e nearest town)
TAYLOR 4. DATE (Month) OF DEATH 2	(Day) (Year) 28 1951
2/26/189) 57 yrs. Months 11. BIRTHPLACE (State or foreign country) 12.	year If under 24 hrs. Days Hours Min. CITIZEN OF WHAT
14. MOTHER'S MAIDEN NAME	SA
17. INFORMANT AND ADDRESS Decedent	Endad
Tuberculois	INTERVAL BETWEEN ONSET AND DEATE
	20. AUTOPSY?
(CITY OR TOWN) (COUNTY)	(STATE)
HOW DID INJURY OCCUR?	
, 1950, to 2/28, 1950, that I last sa 530 am., from the causes and on the date sta ADDRESS Glenn Dale Sanatorium Glenn Dale. Maryland	w the deceased above. DATE SIGNED
	CITY (If outside corporate limits, write RURAL and give of the corporate limits and g



MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1791 Reg. Dist. No. 2 2/2

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY PRINCE (YEORGES MARYLAND	STATE
CITY (If ourside corporate limits, write RURAL and LENGTH OF STAY OR give hearest town) TOWN ( this place)	CITY (If outside corporate lights, write RURAL and give nearest town) OR TOWN
HOSPITADOR INSTITUTION OR STREET ADDRESS	STREET ADDRESS & 6 - (Urural give location)
3. NAME OF DECEASED (Type or Print) JESSICH (FRAHAME THAT	(Last) 4. DATE (Month) (Day) (Year) OF DEATH FEB 16 1950
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DAWY OF JUST H 2 49. AGE last birthday If under 1 year If under 24 hrs. Wonths. Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work donor during most of corking lift, even if settled)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY)
DREW GRAHAME	ANN TOWERL
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no. or unknown) (If year, give war or dates of service)	12 DEFORMANT AND ADDRESS Caroles
18. MEDICAL CE	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
43x Immediate cause (a) Cerebral Hin	nonhage Gdays
Antecedent cause(s)	10 1
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	The service of the se
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   INJURY   Mork   At work	HOW DID INJURY OCCUR?
	10, 19.5%, to Hat 16, 195%, that I last saw the deceased
alive on 31416, 1951, and that death occurred at	ADDRESS DATE SIGNED
William Brainin ma	6124 central Age, Capital Hate med 1/10/57
23. MARIAL, CREMATION DATE NAME OF CEMETE	
Excentaces a 2-10-01 Lescon	RY OR CREMATORY LOCATION (Charles) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REG 1951 Carrie F. Campbell.	24. FULFRAL PURE COLOR COLOR OF COUNTY (State)  ADBRESS

Jessea Grahame Thatcher Drew Grahame Howell

BLKEAU V. S

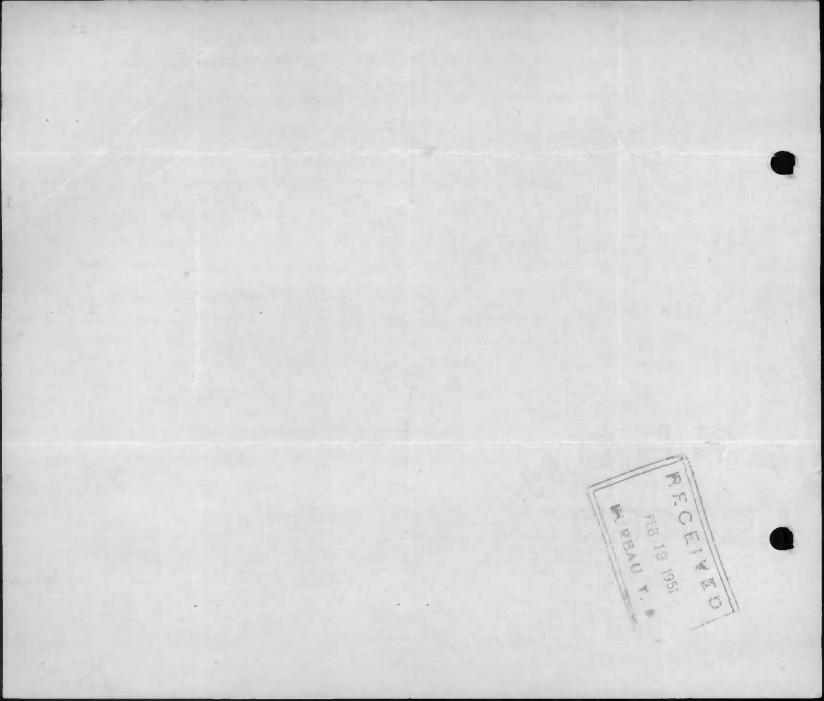
326

#### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

COUNT Prince George's	MARYLAND	2. USUAL RESIDENCE ( STATE Maryl	and	COUNTYP. G.
CITY (If outside corporate limits, write RUR OR give nearest town) TOWN RITCHIE	AL and LENGTH OF STAY  Transient	CITY (If outside corpo OR TOWNRitchie		L and give nearest town)
HOSPITAL OR INSTITUTION OR 7127 White STREET ADDRESS 7127		STREET ADDRESS	(If rural, give lo	cation)
3. NAME OF (First) DECEASED (Type or Print) James Edw	ard (Middle) Tu	(Last)	4. DATE (MCOF DEATH 2	ntb) (Day) (Year) 12 1951
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 2/9/90	61 yrs.	If under 1 year If under 24 hr Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. Kind of Business or Industry Digger	Maryland	or foreign country)	12. CITIZEN OF WHAT
Edward Tucker			da Sturgess	
16. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, 16 or unknown) (If yes, give war or dates service)	37   16. SOCIAL SECURITY No.	Mary M. T	ucker - Rit	chie, Md.
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
Immediate anna (a)	Acute congest	tve heart fa	171110	
442 Immediate cause (a)		4 absX36(6.9.36.56.6.410	ahabaMak	
Antecedent cause(s)	Cardiovascula	r renal dise	200	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last				
stating the underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not				
related to the disease or condition causing deal 19a. DATE OF OPERATION 1 19b. MAJOR	FINDINGS OF OPERATION			1 20. AUTOPSY?
	or or branch			
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (C	Yes No S
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OF	CCUR?	
22 I contife that I took shares of the name		to Tanadi ar	T t Comment	1.6. ()
22. I certify that I took charge of the rema obtained by said Autopsy, Inspection o	r Inquiry, find that said dece	ased died on the day stat	ed above, and death	in my opinion resulted
from: natural causes X, accident	, suicide , homicide ,	undetermined .	a de contra	
SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
James of so	M. D.	Forestville	, Md.	2/12/51
2. BURIAL CREMATION   DATE THERE			LOCATION (City, town	
REMOVAL (Streity) 2/15/5	1 Arlangton		Fort Myer	Virginia
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE .	24. FUNERAL DIRECT	OR	ADDRESS
( 17,195 Chr	extruit	Ritchie Bro	os. Upper	Marlboro, Md.



VS. A15

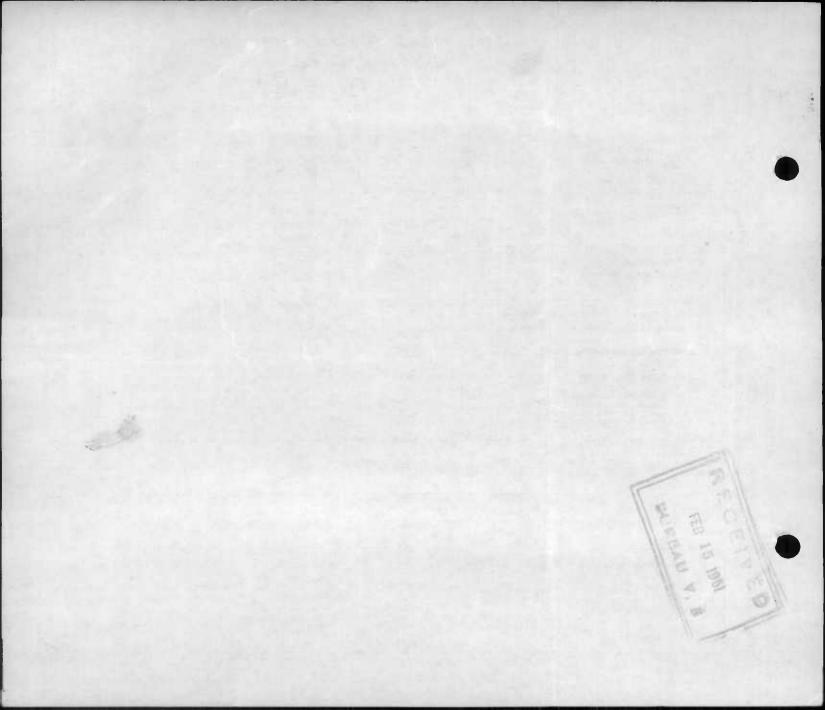
The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

1. PLACE OF BEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give nearest town)
OR give searest town) TOWN (in this place)	OR TOWN (Cerbeek)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (Type or Print) Gugun E	Halton 4. DATE (Month) (Day) (Year) OF DEATH 2 - 10 195
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hn 2-13-1874 76 yrs. Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) INDUSTRY SUKKE	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT
13. FATHER'S NAME, Halton	Martha Johnson
Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (If yes, give set of dates of service)	Vigina M. ares Laylita
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONGET AND DEATH
Immediate cause (a) Webtal	Nemoralize 2-9-51
Antecedent cause(s)  Diseases or conditions, if any, (b)  giving rise to the above cause stating the underlying cause last	surdent Disease 1946
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  **MULLIVITY**  **MULLIVITY*  **MULL	2-9-5)
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \( \text{No} \( \text{No} \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work Atwork	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2-9	, 19 1, to 2 10 , 19 1, that I last saw the deceased
alive on 19.7, and that death occurred at	ADDRESS DATE SIGNED
Cofldelen M.J.	Lattela ky V-12-51
REMOVAL (Specific) 2/12/81 Christ 6	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REG D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNDRAL DIRECTOR ADDRESS
PR. & Smith	2901.91



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

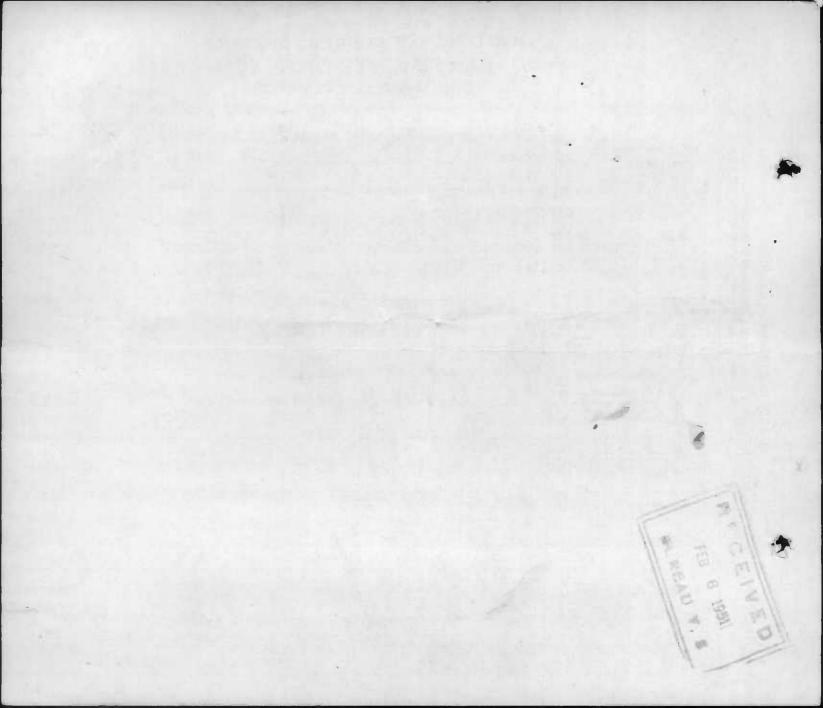
VS. A15A

#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1794

1. PLACE OF DEATH	•	1	2. USUAL RESIDENCE (1	IOME) OF DECEASE	D·		
COUNTY	George's Coun	ty MARYLAND	STATE Maryland	Prince C	COUNTY S		
CITY (If outside cor	porate limita, write RUR	AL and I LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)				
TOWN give nearest t	ipshire Knoles	Md (In this place)	OR TOWN 6514	Flander Dr			
HOSPITAL OR INSTITUTION OR	Hyattsville		STREET Hampeh	ire (If ru al give lo	ration)		
STREET ADDRESS	STYACUSVILLE	rior y HIU	STREET Hampsh	Hyatssvill	e Maryland		
3. NAME OF	(First)	(Middle)	(Last)		onth) (Day) (Year)		
(Type or Print)	Clifford E	arl Weyman		OF DEATH Feb	3, 1951 19		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year   If under 24 hrs.		
Male	white	WIDOWED, DIVORCED, (Specify) married	2/21/1925	25 yrs.	Months   Days   Hours   Min.		
done during most of wo	TION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State o		12. CITIZEN OF WHAT		
Student Ker		hstutition	Fennsylv		Goungava		
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
	chard Weyman		Alice S	aker			
(Yes, no. or unknown)	ER IN U.S. ARMED FORCES	17 16. SOCIAL SECURITY NO.	17. INFORMANT	**	22 3/3		
	(If yes, give war or dates elervice) W W II		Catherine Wey	man Hyattsvi	lle Md.		
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN		
I. DISEASES OR CON	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH		
		C. Val	0				
Immediate	cause (a)	Cerebral (	hemorb	in	* 1 * 11 * 00 * 0 0 0 0 0 * 1 * 1 * 1 *		
53 / Antecedent	cause(s)	0 00	1				
Diseases or ec	onditions, if any, (b)	cerebellar	memors	age	***************************************		
830 stating the un				0			
	(e)						
II. OTHER SIGNIFIC	Ing to the death but not						
related to the disease	or condition causing deat						
19a. DATE OF OPER	ATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?		
91 DAMEDIAN CONT	OT WAS	an an	I (Orman on a	NOW!	Yes No 🗆		
PRIMARY OR COL CAUSE OF DEATH.	NTRIBUTING OF	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR T		COUNTY) (STATE)		
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY OC	CUR?			
INJURY	m.	work at work					
2) I cortifu that I	took charge of the rema	ins described above, held an A	utanen & Inspection	Inquiry 1 there	on and from the evidence		
obtained by said	Autopsy, Inspection o	r Inquiry, find that said dece	used died on the day state	d above, and death	in my opinion resulted		
from: natural	causes 📝, accident 🗆	], suicide [], homicide [],	undetermined [].				
SIGNATURE	1	(Degree or title)	ADDRESS	1	DATE SIGNED		
Valore DY	Malance M	in Quantitate	- Phiana	la Alastia	2016 Mal 2-2 0		
23. BURIAL, CREMA		OF   NAME OF CEMETE	RY OR CREMATORY   I	OGATION (City, town	n, or county) (State)		
REMOVAL (Specif	(v)	951 Lind Memorial			isslin Pa.		
DATE REC'D BY L	11000		24. FUNERAL DIRECTO		ADDRESS		
A RECK IN L							
tet 3, 195	1 James	Alevers	F. Gasch's Son	s Hyattsvil	le, Md.		



# PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

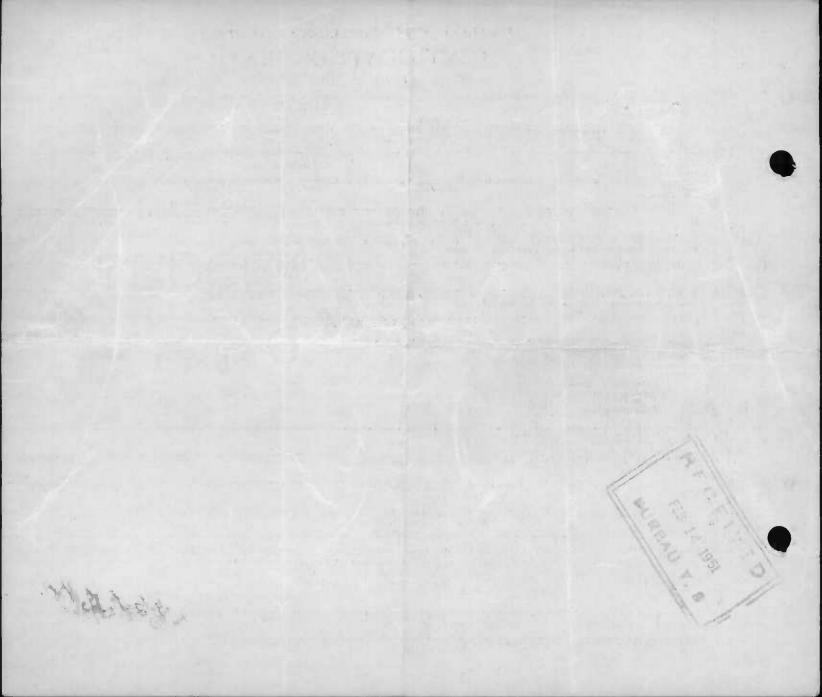
# VS. A15A

PLEASE WRITE PLAINLY.

#### MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

FOR MEDICAL	L EXAMINERS	Reg. Dist.	Not To
1. PLACE OF DEATH. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (H	COUN	100
OR give nearest town Heart (in this place)	TOWN I Iree	ate limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5213 V Atreet SE.	STREET ADDRESS 521	(If rural, give ocation)	1
3. NAME OF DECEASED (First) (Middle) (Type or Print)	What:	4. DATE (Month) OF DEATH 2	(Day) (Year)
6. SEX  6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, SPORTS 1.	6. DATE OF BIRTH	9. AGE last birthday If und Month	er I year   If under 24 hrs
done during most of working life, even if retired)  10a. USUAL OCCUPATION (Give kind of work of the during most of working life, even if retired)  10b. Kind of Business or Industry	II. BIRTHPLACE State of	(freign country)	12. CITIZEN OF WHAT
13. FATHERS NAME white	14. MOTHER'S MAIDEN	NAME Ryon	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no or unknown) (If yes, give war or dates of service) 578-10-5657	17. INFORMANT AND AT	DIRESS Whit	Q
18. MEDICAL CE	ERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
Immediate cause (a) Corona	, coolin	con	1400 00 00 00 00 00 00 00 00 00 00 00 00
131a Stating the underlying cause last	scular re	mal dise	
(c)			
H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,			Yes No D
PRIMARY GOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR T		Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	HOW DID INJURY OCC	CUR?	
22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes accident, suicide, homicide	Autopsy , Inspection cased died on the dry stated	, Inquiry thereon and death in m	d from the evidence y opinion resulted
SIGNATURE (Degree or title)	ADDRESS		DATE SIGNED
James I. ( Josef m. v.	Freshold	e had	2-8-51
REMOVAL (Specify) Fet-10-1957 Coldar	TRY OR CREMATORY	OCATION (City, town, or con	Lesa mod
REG. TO BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTO	Junes 3 270	1-, ADDRESS NO

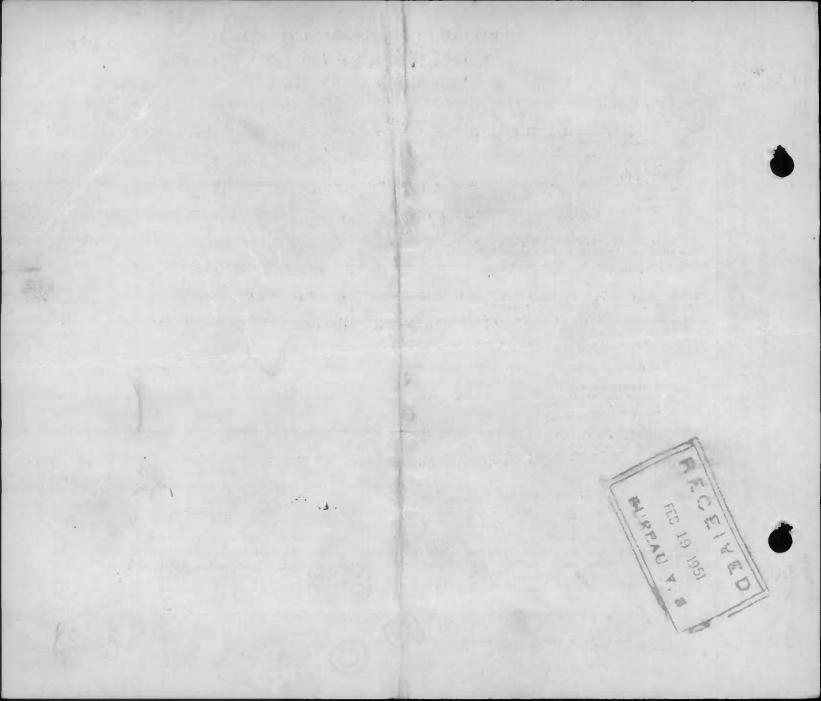


## CERTIFICATE OF DEATH

	FOR MEDICAL	EXAMINERS	Reg. D	ist. No. 1475
1. PLACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE (F		OUNTY
CITY (If parallel corporate libits, write RURAL and OR give nearest town TOWN	LENGTH OF STAY	CITY (If outside corporation) OR TOWN	mte limita, write RURAL	nod give nearest towo)
HOSPITAL OR INSTITUTION OR 39 Ung Dayl	los Street	STREET ADDRESS 215	(If piral, give loca	St., N.W.
3. NAME OF DECEASED (First) (Type or Print)	(Middle)	(Last)	OF DEATH	(h) (Day) (Year)
6. COLOR OR RACE 7. S	INGLE, MARRIED, IDOWED, DIVORCED, (Specify) Ilwan and	6. DATE OF BIRTH 6-22-1895	9. AGE last birthday I	funder I year   If under 24 hr fooths   Days   Hours   Min.
done during most of working life, even if retired)	. KIND OF BUSINESS OR DUSTRY	11. BIRTHPLAGE (State of		12. CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
(Ves no or unknown) I /II was also man on dates of	6. Social Security No. 26-34-2934	Florence	lston -	Friend
1. DISEASES OR CONDITIONS DIRECTLY LEAD	DING TO DEATH	clusion		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	oronany s ardiovascula	clerosis	vasl	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FIND	INGS OF OPERATION			20. AUTOPSY?
	Home, farm, factory, street, ice bldg., etc.)	(CITY OR 7	rown) (Co	UNTY) (STATE)
	URY OCCURRED le at Not while rk  at work	HOW DID INJURY OC	CUR?	
22. I certify that I took charge of the remains d obtained by said Autopsy, Inspection or Ing from: natural causes X, accident , su SIGNATURE	miry, find that said deced	used died on the dry state	, Inquiry X thereod dabove, and death i	n and from the evidence n my opinion resulted DATE SIGNED
23. BURIAL CREMATION   DATE THEREOF REMOVAL (SPOTING) FOR 20, 795	y May of General	RY OR CREMATORY I	Mystanle CATION (City, town,	md 2-17-51
	NATURE	24 FUNERAL DIRECTO	V 10311.13	ADDRESS,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A



Evidence for changes	in	MARYLAND	STATE	DEPARTMENT	OF	HEALTH

shown on: 2411 N. Charles Street, Balfimore

#### 1951CERTIFICATE OF DEATH FEB 28

Reg. Dist. No. 327

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY PRINCE GEORGE MARYLAND	STATE			
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)			
OR give nearest town) RIUERDALE (in this place)	TOWN RIVERDALE			
HOSPITAL OR	STREET (If rural, give focation)			
INSTITUTION OR 6203 43Rb ST.	ADDRESS 6203 43 RD ST.			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)			
(1) pe of 1 time)	DILTSEY OF DEATH FEB. 11 1951			
	9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.			
10- HOHAT OCCUPATE N (Cive bind of work   10h KIND OF RUSTNESS OF	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT			
done during most of working life, even it retired) INDUSTRY RSING	ONARGA, ILLINOIS COUNTRY? U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MATDEN NAME			
DAVID LAYER	LUELLA BAKER			
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If year, give war or dates of	17. INFORMANT AND ADDRESS RIVERDALE, MD.			
(Yes, no, or unknown) (If year, give war or dates of NONE	PAUL F. WILTSEY, 6203 43RD ST,			
to beneze v en	PTIPICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
Uvernia	5-da			
Immediate cause (a)	J coupt			
192 × Antecedent cause(s) 5 4 4				
Diseases or conditions, if any, (b) Melasteres of	6 mo			
551 Diseases or conditions, it say, giving rise to the above cause stating the underlying cause last (a) Malignant	rullomorua vightlye 18 month			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
June 49 Malignant wela	nous vyhlege Yes No T			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)			
SUICIDE OF office hidg., etc.) HOMICIDE INJURY				
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?			
OF INJURY  m.   While at Not While Work   At work				
22. I hereby certify that I attended the deceased from farm, 1950, to 11, 1951, that I last saw the deceased				
alive on reb. // , 195/, and that death occurred at // 122 Am., from the causes and on the date stated above.				
alive on				
Serge Weever M.D. 1746-KSLNW. Wash, D.C.				
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)			
DATE/REC'D BY LOCAL /REGISTHAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS			
GREG! 1957 James Develos	The S.H. Hines Co. 2901 14th, St. n. W			
The state of the s	WASH. DA			
	781826			



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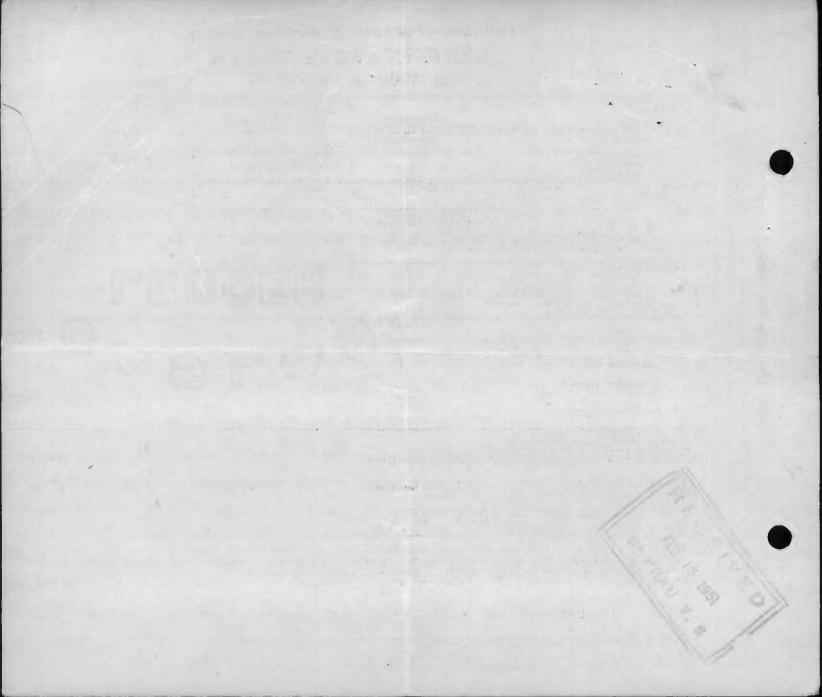
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

ı	FOR MEDICA.	LEXAMINERS	Reg. Dist. No.
I	I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF I	DECEASED.
1	CIT (If outside) corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, wr	te RURAL and give nearest town)
ĺ	OR give learnest town TOWN (in this place)  HOSPITAL OR	TOWN ON O PENE	
ı	INSTITUTION OR STREET ADDRESS Seland Memorial Hosp.		Shlow 5 and 1.
I	3. NAME OF DECEASED (Middle) (Middle) (Type or Print)	Olino 4. DATE OF DEATI	(Month) (Day) (Year)
	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Many of	8. DATE OF BIRTH 9. AGE last	birthday   If under I year   If under 24 hrs   Months   Days   Hours   Min.
l	done dyring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign cour	otry) I2. Citizen of What Country?
ı	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	10.5.4
	15- WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
I	15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Xes. no, or unknown) (If yes, give war or dates of service)	prospetal year	do.
	* 18. MEDICAL CI	ERTIFICATION	INTERVAL BETWEEN
l	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	Immediate cause (a) Semonhage	Thock	***** **** ***************************
	819. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	oflungo-	
I	stating the underlying cause last (c) Crushed ex	rist_	
I	II. OTHER SIGNIFICANT CONDITIONS Conditions entirlibuting to the death but not related to the disease or condition causing death.		
l	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
ı	21. EXTERNAL CAUSE WAS   PLACE (Home farm, factory, street,	AUDIL OD DOGO	Yes 🗆 No 🕃
١	PRIMARY OR CONTRIBUTING OF office bldg., stc.) CAUSE OF DEATH.	Mean Murisute	A. Sep- WO
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF United State of the control o	HOW DID INJURY OCCURY	ollisiari
١	22. I certify that I took charge of the remains described above, held an	Autopsy, Inspection X Inquiry	thereon and from the evidence
l	from: natural causes , accident X, suicide , homicide	eased died on the dry stated above, and undetermined	death in my opinion resulted
l	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
ł	23. BURIAY. CREMATION   DATE THEREOF / NAME OF CEMETE	n. Churchy-Hya	Usulle, Wd 2-12-51
Y	ransportation 2/13 /51 new you	R Ety Ren (	City town, or county) (State)
	DATH REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 PUNERAL DIRECTOR	Zatt ADJRESS



The correct age

# PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

# VS. **A**15A

PLEASE WRITE PLAINLY,

#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1799

COUNTY Prince Georges MARYLAND	STATE Maryland COUNTY Geo.			
CITY (If outside corporate limits, write RURA), and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Rel nier (In this place)	TOWN Mt. Rainier			
HOSPITAL OR	STREET (If rural, give location)			
INSTITUTION OR 3333 Buchanan St.Apt.103	3333 Buchanan St. Apt. 103			
3. NAME OF (First) (Middle) DECEASED TO TO A DEPOSIT TO A	(Last)   4. DATE (Month) (Day) (Year)			
(Type or Print) ELIZABETH LEA ZEID				
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last birthday   If under   year   If under 24 hrs   Months   Days   Hours   Min.			
Specify Mar ried	10/9/1914   30 yrs.			
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?			
Housewile	Esterton, Penna.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
James E. Long 16. Was DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No.	Edna Myers			
16. WAS DECEASED EVER IN U.S. ANNED FORCES? 16. SOCIAL SECURITY No. (Yes, no. or unknown) (If yes, give ver of dates of None	Hanny Zeidens 3333 Duchenen St			
	Harry Zeiders, 3333 Buchanan St.			
18. MEDICAL CE	RTIFICATION Mt. Rainier, INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
In depote hear	1 Southers South			
Immediate cause (a)	for most of the control of the contr			
Antecedent cause(s)	22.5			
Diseases or conditions, if any, (b)				
atating the underlying cause last	heart chainse che le			
d one of the state	wany cost of			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	Yes No 🖺			
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?			
OF INJURY  m. Work  at work				
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection; Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident, suicide, homicide, undetermined  SIGNATURE  (Degree or title)  ADDRESS  DATE SIGNED				
11 1 - 300 / 200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
form ( Malones 1119) I'm fresh bym	Mustres the 16 Milled . I let			
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE BUTIAL (Specify) Feb. 10/51 Oberlin Ce	RY OR CREMATORY / LOCATION (City, town, or county) (State)			
THE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS			
THE I IN INCHES ELLIVED	W.W. Chambers Company, Riverdale, Md			

